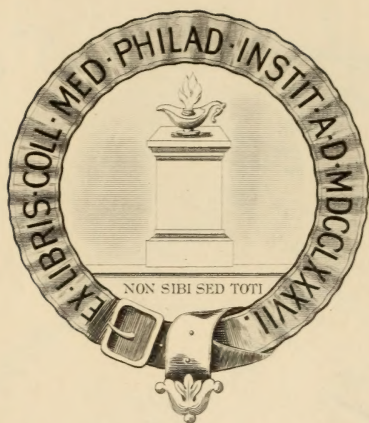





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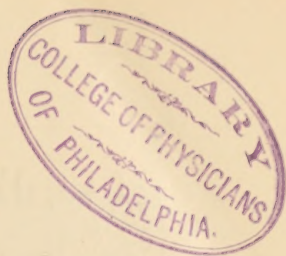
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Original Department.

TREATMENT OF DIABETES INSIPIDUS.

BY F. F. LAIRD, M.D., OF UTICA, N. Y.

HYGIENIC.—A good nutritious diet, water *ad libitum*, warm clothing, skin friction, plenty of exercise in the open air, warm baths, and a warm winter climate. In severe cases, quench thirst by bits of ice, and acidulated drinks. Abstain from salt and all foods which cause thirst.

ALLOPATHIC.—Jaborandi, lime-water, valerian; astringents, such as acetate of lead, alum, ergot, gallic and tannic acids, and iron; tonics, arsenic, cod-liver oil, iron, and strychnia; belladonna, camphor, digitalis, opium and its alkaloids, potassium bitartrate and bromide; blisters to nape of neck and pit of stomach. "Remedies designed to restrain the urinary secretion," says Dickinson, "rarely fail to do harm."

ELECTRICAL.—Constant galvanic current (10 to 30 cells), positive pole applied high up in nape of neck, negative pole over loins and epigastrium, alternately, for four minutes each (Tyson).

HOMŒOPATHIC.—The barrenness of our literature upon diabetes insipidus was made sadly apparent to the writer when he encountered his first case of this obstinate disease. In the hope, therefore, that others may not only be spared time and trouble, but may also verify the superior efficacy of strictly homœopathic treatment, the offspring of weeks of close communion with "Allen" is now presented:

1. *Allium cepa*, *Alum.*, *Ananth.*, *Arn.*, *Ars. alb.*, *Bell.*, *Bry.*, *Cainca*, *Calc. c.*, *Calc. phos.*, *Cannab. ind.*, *Caut.*, *Ham.*, *Helon.*, *Ign.*, *Iod.*, *Jabor.*, *Kali iod.*, *Kali nit.*, *Kreos.*,

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Merc. sol., *Mosch.*, *Natr. m.*, *Phos. acid.*, *Phos.*, *Puls. n.*, *Rhus tox.*, *Spig.*, *Squilla*, *Sulph.*, *Tarax.*, *Trif. pr.*, *Valer.* 2. *Apis*, *Coccul.*, *Coccus c.*, *Dros.*, *Gnaph.*, *Lachesis*, *Lactic acid*, *Mur. acid.* 3. *Cactus*, *Canth.*, *Chel.*, *Crot. tig.*, *Cyc.*, *Kali brom.*, *Kali permang.*, *Oxalic acid*, *Polyg.*, *Plant.*, *Sarrac.* 4. *August.*, *Anthrok.*, *Cina* (*Saut.*), *Iris v.*, *Mag. c.*, *Mag. sulph.*, *Ratanhia*, *Sec.*, *Senega*, *Sep.*, *Silic.*, *Stram.*, *Tarent.*, *Thuya*, *Verat. alb.*, *Zinc.* 5. *Berb.* (?), *Cimicif.* (?), *Gels.* (?), *Hura.* (?), *Nitric acid* (?), *Ustilago* (?).

Allium cepa.—*Copious urination ; sensitiveness over the bladder, pain in the kidneys, weak feeling of bladder and urethra ; fulness in vesical region ; very pleasant sensation of warmth in urethra.* Very melancholy ; dryness of mouth, root of tongue, soft palate, and throat, sometimes with bad odor from mouth ; hunger generally increased ; belching of (sour) gas, with flatulent distension of abdomen and offensive flatus ; constipation or diarrhœa after midnight or towards morning ; rhagades at anus, with stitches in rectum ; weakness in hips, worse ascending ; soreness in limbs ; skin on the heels is easily rubbed off by the shoes ; restless sleep, dreams of being near water, storms at sea, etc. ; flashes of heat, and thirst, worse evenings ; neuralgic pains, like a long thread, worse in evening ; nettle-rash on thighs ; pricking, as from pins, in various parts ; symptoms go from right to left. *Cepa* has cured *polyuria*.

Alumina.—*Feeling of weakness in bladder, in genital organs in evening, with fear of wetting the bed ; involuntary urinating when defecating ; frequent copious emission of pale urine, often hot, and preceded by burning in urethra.* Tension of skin of face, as though white of egg had dried on ; craving for indigestible substances, such as chalk, starch, rags, etc. ; easily drunken from the weakest spirituous liquors ; great straining to evacuate even a soft stool, or, must stand up to urinate, and then sit down to defecate ; dryness of all the mucous membranes, with thirst ; sleep restless, frequent awakening with palpitation of heart, anxious dreams ; chilly, skin dry, with entire inability to sweat ; spare habit. General aggravation on alternate days, or from eating potatoes ; better from moderate exercise in open air.

Anantherum.—"Clear, abundant urine, day and night, with debility, great thirst, dryness of the mouth ; stools hard, gray or dark-colored, with many other symptoms, chiefly of the liver and stomach ;" involuntary urination when walking, and even at night in bed, during sleep, as if caused by paralysis of neck of bladder. Restless, suspicious and irritable ; marked in-

crease in appetite; craving for strong liquors, cider, sour drinks, spices; love of strong odors; unhealthy skin, easily suppurating; restless, unrefreshing sleep, with anxious dreams; all symptoms worse from motion.

Arnica.—Frequent micturition of pale urine, containing an excess of phosphates; involuntary discharge of urine at night, when asleep, and during the day when running. Dryness of the mouth, with much thirst; longing for alcoholic drinks, for vinegar, and sour things; obstinate constipation; bed feels too hard. Amelioration in evening, at night, in open air. Caused by mechanical injury.

Ars. alb.—Frequent urging to urinate, with profuse discharge. Insatiable hunger and thirst, with emaciation and great weakness; watery diarrhœa; slight motion causes dyspnoea, with palpitation and fainting; dryness of mouth and throat; anxiety, restlessness, fear of death, burning pains, dropsy.

Bell.—Urine more copious than the drink taken would warrant, frequent, pale, watery, often difficult to retain; urine, when heated, almost invariably deposits a cloud of phosphates; vesical region sensitive to pressure or jar. "It does not seem to reach the kidney until it has been some time in the stomach, and has exerted its specific action upon the brain" (an exact correspondence with diabetes insipidus). Marked symptoms of cerebral irritation; dilated pupils; hyperæsthesia of the senses; congestion to face, or face pale and cool; lips, mouth, and throat dry with thirst; starts, as in affright, during sleep, and on awaking; singing, talking aloud, and moaning during sleep; entire want of sweat; worse from 3 P.M. till midnight. Especially in full-blooded plethoric patients.

Bryonia.—Urine copious and pale; during motion, some drops of urine pass out of the urethra without sensation. Very irritable, inclined to fright, fear, and vexation; bad effects from violence and anger; dryness of all the mucous membranes; appetite increased; great desire for oysters, sweets, coffee, and wine; great thirst, desire for large quantities of cold water; obstinate constipation, stools very large, hard and dry, only passed after much straining; when walking, prickling like "pins and needles" in soles of feet; much sleepiness during day; restless sleep disturbed by dreams about the business of the day, household affairs; starts in affright before falling asleep; motion of lower jaw, during sleep, as in masticating. General aggravation from motion; dropsical swellings, gradually increasing during the day and disappearing during the night.

Cainea.—Frequent passage of pale urine. Yawning, stretching of limbs with cramplike feeling of lower extremities; somnolence. "*Polyuria of some months' standing disappeared*" during the proving.

Calc. carb.—Frequent and copious urination; nocturnal enuresis; urine odorless (Dros., Graph.), sour, or pungent; trickling of urine after micturition. Apprehensive, despairing mood, leucophlegmatic temperament; vertigo when ascending a height or looking upward; child scratches its head impatiently on awaking; profuse perspiration on the back of the head when sleeping; pupils habitually dilated; face pale, bloated, with blue rings around eyes, emaciated, old and wrinkled, with retarded dentition; swelling of upper lip in the morning; canker sores in mouth, especially during teething; ravenous appetite and continual violent thirst for cold drinks; desire for wine, salt, sweet things, and eggs; milk causes nausea and sour eructations; pit of stomach swollen like an inverted saucer; enlargement of abdomen, with swelling of mesenteric glands; constipation or diarrhœa; menses too early, too profuse, and last too long; serofulous swelling of glands; cold, damp feet; emaciation; insomnia; children scream after midnight, and cannot be quieted; serofulous eruptions, skin unhealthy; easy straining resulting in sore throat, stiff neck, headache, backache, or prolapsus uteri; great liability to take cold, and over-sensitiveness to moist, cold air. Especially in strumous cases, inclined to obesity, and where the disease has been induced by sudden variations in temperature.

Calc. phos.—Large quantities of urine, with sensation of weakness. Disease induced by grief, or disappointed love (Phos. acid.). Peevish; headache along the cranial sutures; much thirst, with dry mouth and tongue, especially in after part of day; abdomen flabby, sunken; craving for salted meats; constipation or diarrhœa; disturbed sleep, worse before midnight; skin dry and cold; emaciation. In children, the cranial bones are very thin, and the patient looks old and wrinkled (Sulph.).

Cannab. ind.—Profuse colorless urine, in a full, clear stream; has to wait some time before urine flows, and must force out the last drops with the hand; the urine dribbles out after the stream ceases. Exaggerated idea of the duration of time and extent of space; face pale; skin of face and scalp feel as if drawn tight; dryness of mouth and throat, with intense thirst for cold water, or great desire for and yet dread of cold water; white, thick, frothy, and sticky saliva; appetite increased even

to bulimia; sensation in anus as if sitting on a ball, and as if anus and a part of the urethra were filled up by a hard round body; painless yellow diarrhœa; sensation as if drops were falling from the heart; starting of limbs while sleeping, causing him to awake, with anxious dreams; nightmare every night, as soon as he falls asleep, with grating of the teeth; great sleepiness; loss of animal heat; exhaustion.

Causticum.—Frequent micturition, the urine looking like clear spring-water; he urinates so easily that he is not sensible of the stream, and can scarcely believe, in the dark, that he is urinating until he makes sure with the hand; involuntary urination when coughing, sneezing, or blowing the nose. Low-spirited, anxious, nervo-bilious temperament; afraid at night in the dark; child does not want to go to bed alone (Stram.); old warts on nose, eyebrows, upper eyelid; styes; he speaks low because his voice sounds so loud; thirst for beer and cold water, or thirst with aversion to drink; aversion to sweets; fresh meat causes nausea, smoked meats agree; constipation, stools covered with mucus and shine as if greased, possible only while standing. Unsteady walk of children, they fall easily; restlessness, especially at night, with anxious dreams and starting from sleep. Aggravation at night (urinary symptoms), from coffee (all symptoms), in the open air. Patients who are scrofulous, or rheumatic, with dark hair, rigid fibre, and delicate skin.

Hamamelis.—Increased desire to urinate, urine pale, clear, and copious; micturition more frequent when lying down; passive congestion of kidneys, with dull pain in renal region. Depressed and irritable; epistaxis, flow passive, non-coagulable; dryness of lips and fauces, must drink large quantities of water to assist deglutition; very thirsty, especially in afternoon and evening; pork causes nausea, eructations, and violent hic-cough; stool costive, hard, covered with mucus; takes cold easily, especially from exposure to moist, warm air; prickling stinging in veins, muscles and skin; bruised soreness in various parts (passive congestion); subject to varicose veins.

Helonias.—Profuse, clear, light-colored urine, containing amorphous phosphates, urea increased, specific gravity diminished; thinks the bladder is completely emptied, when another "overflow" convinces him of his error. Irritable, resenting any contradiction or suggestion; tongue coated white, dry, with bitter, disagreeable taste on awaking; minnie-ball stools (*vide Allen*); all tired out, with weakness and weight in renal region; drowsy and heavy. General amelioration from moving around and when exerting the mind.

Iodine.—Copious and frequent micturition, urine bright-yellow, thin, watery; *polyuria*. Low-spirited, with irritable sensitiveness; constant restlessness, can neither sit nor sleep; sickly-face, often cold in fleshy children; *ptyalism*, *aphthæ* and ulcers in mouth, with fetid breath; *canine hunger*, yet loses flesh, followed by *anorexia*; thirst; constipation or diarrhœa; coldness of hands and feet; sleeplessness after midnight, restless sleep, with vivid, anxious dreams; swelling and induration of the glands; nightly bone-pains; rough, dry skin, often containing nodosities. Scrofulous patients, with dark hair and eyes.

Jaborandi.—Profuse urine, of diminished specific gravity. Profuse sweat and profuse salivation. Has cured cases in allopathic hands.

Kali iod.—Frequent discharge of urine as clear as water, more profuse than the drink taken would warrant; passes from forty to fifty quarts daily (!). Excessive thirst, day and night; constipation or diarrhœa; sleep restless, with horrid dreams, weeping during sleep; purpura; *exostoses*, enlarged glands, swelling of bones; dropsy; emaciation. Secondary and tertiary syphilis; *scrofula*; after abuse of *Mercurey*.

Kali nit. (*Nitrum*).—Profuse emission of urine, as clear as water. Headache (and diarrhœa) after eating *veal*; mouth slimy, with fetid breath; appetite increased, especially in the evening; great thirst; stools hard, like sheep's dung, with *tenesmus*; drowsy during the day; sleep restless, with nightmare, insomnia after midnight; light morning sleep; sour taste; cough and pain in small of back on awaking; sensation as if parts or the whole body were made of wood. Generally worse from warmth of stove, and during wet, cold weather.

Kreosote.—Frequent urination, always in great haste, and always passing a great deal; obliged to urinate every half hour from 4 A.M. till noon, also, aggravation toward evening and during the night; urine colorless, offensive, and often so hot as to cause burning; deposits a white sediment. Sorrowful, or apprehensive mood; ailments from emotions; old-looking children with sickly complexion; very painful dentition, teeth are wedge-shaped, or decay as soon as they come through; tongue dry; keen appetite, especially for meat, or aversion to meat, with vomiting after eating it; great thirst; great desire for spirituous drinks, with weakening leucorrhœa; constipation, or cadaverous-smelling diarrhœa; skin on the extremities dry and rough; sleeplessness, worse before midnight; child moans constantly, or dozes with half-open eyes; tosses about all night without apparent cause; starting when scarcely fallen

asleep; laughs aloud during sleep; *nocturnal enuresis in children who are very hard to arouse* (Guernsey); sweat almost wanting; rapid emaciation; skin remarkably pale. Perfect depression of the trophic nervous system (Lilienthal).

Merc. sol.—Frequent and profuse micturition, far more urine passed than water drunk; urine often sour and pungent. *Ptyalism, thirst, flabby tongue, fetid breath, easy perspiration giving no relief, general aggravation at night.*

Natr. mur.—Polyuria; involuntary urination when walking, coughing, or laughing. Sadness and weeping, aggravated by consolation; face shines as if greased; mouth, lips, and tongue dry; mapped tongue; excessive hunger, longing for salt, bitter things, oysters, fish and milk; aversion to bread and coffee; unquenchable thirst; constipation; stool fissures the contracted anus, causing bleeding; severe backache, relieved by pressure and by lying on the back; loss of sleep, with vivid dreams of robbers in the house; starts, tosses about, and talks in sleep; no sweat; emaciation, especially of the neck; skin generally cold; great debility.

Phos. acid.—Frequent emission of pale urine, often as clear as water, difficult to retain, and decomposing easily with deposit of a white cloud; worse at night. Bad effects from grief and unfortunate love; skin of face feels tense as if white of egg had dried on, with sensation of a crushing weight on the vertex; dryness of mouth and throat, often with accumulation of tenacious mucus; unquenchable thirst; wants food warm; desire for beer and milk, or aversion to beer, spirituous liquors, and coffee; difficult discharge of even the soft stool (Alum.), or *undebilitating diarrhoea*; drowsiness; awakened by canine hunger; emaciation; sensation as if beaten, in back and limbs, especially in rapidly growing youths.

Phosphorus.—Urine profuse, pale, watery, of reduced specific gravity; sometimes passed involuntarily. Great anxiety and restlessness, especially at twilight, when alone, or during a thunderstorm, with palpitation of the heart and acuteness of the special senses; excitable, easily angered; epistaxis during stool; nose, lips, mouth and throat dry; appetite increased, or loss of appetite alternating with bulimia; wants food and drink cold, thirst for very cold drinks; after eating, sleepiness; belches much, even after a little food; regurgitation of food in mouthfuls without nausea very soon after swallowing it; characteristic constipation; weak, gone feeling in abdomen, with burning between shoulders; emaciation, with great nervous debility and very cold feet; hyperæsthesia of all the senses; epilepsy, with consciousness;

paralysis; *exostoses*, especially of skull, with tearing, burning pains, worse at night; small wounds bleed much; purpura; aggravation from lying on left side. Especially in tall, slender patients, who are nervous and weak, and in young persons who have grown too rapidly; tendency to phthisis.

Rhus tox.—Frequent urging, with increased secretion of urine, which deposits a white sediment; urine may be voided slowly from affection of spine. Mouth and throat dry with thirst; desire for oysters, sweets, beer; *craving for cold milk*; aversion to spirituous liquors and meat; *dreams of great exertion, as in rowing, swimming, etc.*; *rheumatic pains and stiffness, relieved by motion*; even rheumatic paralysis; *constant restlessness, worse from keeping quiet*, where the disease is caused by fatigue and strain of muscular system.

Spigelia.—Urine copious, passed frequently, preceded by pressive pain in bladder, which is relieved by micturition; spurting of urine when pressing on the bladder; urine deposits a white sediment; urging worse at night. Anxious about the future; *characteristic headache and prosopalgia*; mouth dry; ravenous appetite, with nausea and thirst, or anorexia, with violent thirst; constipation; body feels heavy and sore when rising from a seat; skin pale, wrinkled, yellow, or earthy.

Squilla.—*Violent urging to urinate, with frequent emission of pale, limpid urine, looking like water*; involuntary urination, especially when coughing. Great anxiety of mind, with fear of death; angry at trifles; mouth and throat dry; insatiable appetite, and increased thirst; longing for acids; painless constipation; frequent yawning without sleepiness; restless sleep with much tossing about; perspiration absent. General aggravation in the morning, and from motion. "Forms of diuresis (diabetes) occur, in which this drug, increasing the secretion of urine as its primary action, and also corresponding homœopathically to the other symptoms of the disease, will be found a specific and curative remedy." (HAHNEMANN.)

Sulphur.—Urine profuse, pale, watery, passed more frequently at night; preceded by sudden almost uncontrollable urging; specific gravity decreased, solid constituents increased. Heat on top of head; pressive pain in vertex, which is tender when touched; dryness in mouth, throat, and palate, or pyalism from abuse of mercury; appetite increased even to bulimia; great thirst, always exceeding the hunger; violent thirst for beer, longing for brandy, or sweets (which disagree); milk causes sour taste and sour eructations; feeling of fulness in the stomach;

hungry and faint at 11 A.M.; constipation, stools hard as if burnt, and often crumbling, or hard, knotty, scant, with frequent "false calls" (Nux); or painless early morning diarrhœa driving patient out of bed; sleeps in "cat naps," jerks and twitches, awakens with a start or scream, talks loudly while asleep, must lie on his back; burning of feet; children dislike being bathed; offensive odor to the body despite frequent washing (Comp. Psor.); dry flabby skin; emaciation, with an old look to the face; skin eruptions. Especially in scrofulous patients who walk stoop-shouldered; and when well-selected remedies fail to act.

Tarax.—Frequent, profuse, and pale urine. *Tongue covered with a white film, with a sensation of rawness, followed by peeling off of this film, in patches, leaving dark-red, tender, very sensitive spots (mapped tongue), gastric symptoms; thirst; stool difficult, but hard, requiring much pressure; pimply, sycotic skin, with stinging in it. Better from walking. "It is of use, homœopathically, in forms of diuresis (diabetes), when the other symptoms correspond to Taraxacum, and when the disease is not of miasmatic origin, as often happens."* (HAHNEMANN).

Trifolium pratense.—*Diuresis; urine pale, with uneasiness in the region of the kidneys. Headache; dry, husky feeling in throat; constipation, each defecation followed by several drops of dark blood, with a bearing-down sensation as if the bowel would prolapse from its own weight; stool covered with mucus; unrefreshing sleep. Better in the evening and in the open air. The high specific gravity (varying from 1021 to 1036) of the urine, renders the value of this remedy in polyuria somewhat problematical. Clinical experience must decide.*

Mineral Waters.—*Carlsbad, Gastein, Bethesda, and Vichy.*

HAY FEVER.

BY BENJAMIN F. BAILEY, M.D., MANCHESTER, N. H.

BEING myself a sufferer from the malady, I have been especially led to investigate its cause, course, and cure. It, in most patients, makes its appearance about August 20th, to remain with them till heavy frosts put an end to maturing vegetation, which seems to be the cause of the trouble. I say, seems to be the cause, from the fact that if we shut patients up, as much as possible, from the outer world, they are much improved; furthermore, the only places to which they can resort with benefit, are those where vegetation does not exist, as on the

ocean, or where the seasons are so short that vegetation does not ripen, as in high mountainous regions. While practicing in Wareham, Mass., I noticed markedly, that if, in my daily drives, I drove south along the shores of Buzzards Bay, I was relieved, whereas if my calls took me north, and more inland, I immediately felt the effects and suffered accordingly, thus showing plainly the results of the inhalation of some substance arising from autumn's growth. A bouquet of flowers will cease to be appreciated by the hay-fever victim, after the middle of August, as that alone will begin a paroxysm of sneezing and coughing, often associated with asthma. That it is due to the contact of the pollen, or some similar substance arising from plants, I believe; that it is due to any one plant, I do not believe, but to a great number. I am led to this by watching others in their affliction, and also by personal experience. The first symptoms usually are violent sneezing, with a watery coryza, burning of the face and eyes, followed later on by coughing, and at times severe attacks of asthma. A great burning of back and chest is complained of by many, others are afflicted with a papular eruption over the extremities. We also have loss of smell and taste, and in a majority of cases quite marked pyrexia. I may be much mistaken, but in my opinion, the trouble is more of mechanical than of toxicological origin. The first symptoms of the trouble are violent sneezing, and this I believe to be caused mostly by mechanical irritation of the Schneiderian membrane, and from this, it seems to me, emanates the rest of the trouble. With the hay-fever patient it is a good deal on any day, like the "Lancashire Folklore" Sunday sneeze.

"Sneeze on a Sunday, your safety seek,
The devil will have you the whole of the week."

The constant paroxysms of sneezing produce cerebral congestion, bronchial irritation, and general pyrexia, and as in some, any feverish temperature produces rash, so in those people an eruption appears. As time goes on, matters go from bad to worse. The bronchial and laryngeal irritation becomes so great as to cause continual cough, at first dry, later, loose, with expectoration. I am more than ever led to believe these views right, from the fact that such treatment only has proven successful as would by constant repetition keep the inflammation subdued, at least to an extent. Furthermore, those remedies, such as China and Carbolic acid, which have been suggested by the belief that the trouble emanates from poisonous germs, have not been successful in practice.

Treatment.—Surest and best is a flight to high lands, or sea, but not all can do this. Such as cannot we would advise to observe all hygienic rules, and keep shut up from evening and early morning air. For remedies, first and best we have *Sticta pulm.* I have used it considerably, and with the very best results. I believe that if one of the disks, now in use, saturated with the 1st of *Sticta*, be given every hour or two, hundreds might pass comfortably through this dreaded season. Its pathogenesis is marked and clear for the symptoms found in hay fever.

Arsenicum occasionally proves good, especially in asthma, but I have found care necessary in its prescription, as in some cases it has seemed to aid the influenza at the expense of the lungs. *Gelseminum* has proved more theoretical than practical in my hands.

Sanguinaria has seemed a sheet anchor in the troublesome cough.

Verat. viride, in asthma, with heat of chest and arterial excitement. We also refer to *Arum*, *Grindelia*, *Sabadilla*, *Ipecac.*, and especially to *Lachesis*. Though I believe *Sticta* is to prove the best remedy, still a prescription, according to the totality of the symptoms in each individual case, is the only scientific rule. We may find one remedy hitting a great majority of cases under a certain heading, but no one remedy hits all; thus of *Sticta*.

TREATMENT OF TYPHOID FEVER.

BY EDUARDO FORNIAS, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

WHEN, by its gradual approach or early pathognomonic symptoms, such as persistent headache, lightly-coated tongue, anorexia, lassitude and heaviness of limbs, epistaxis, bronchial cough, vomiting and nausea, or later, by its characteristic rise and fall of temperature and early recognition of the rash, we are convinced of the character of the affection we are dealing with, we must endeavor not only to find the similitum, but to bring into play all means directed to supply the sick-bed with indispensable factors,—mainly, a proper diet, complete rest, cleanliness, quietness of surroundings, ventilation, disinfection of stools, etc. Hardly is there a disease which so loudly calls for complex accessory treatment as typhoid fever does. And there is no affection presenting so many variations, irregularities, complications, and accidents as this.

There are some cases in which diarrhœa makes its appearance late, and reference has even been made to cases in which the bowels remain constipated throughout the disease, but these are the few, and our rule should be, always to regard fevers with early loose bowels with suspicion. Still we must be careful not to declare a case of epidemic summer diarrhœa one of mild typhoid fever by the mere presence of the looseness of the bowels. The examination and recognition of the rose-colored lenticular spots (*taches rouges*)—the characteristic eruption of this fever—in every case of diarrhœa would prevent such an error of diagnosis. And by the way, allow me to bring to your notice the recommendation of one of the opposite school, which I read not long ago in one of the Philadelphia medical journals. The writer strongly urges the necessity of a very thorough search for the characteristic spot, and says that we should not be content with merely looking to the abdomen, where the books tell us they are to be seen, but should examine the back, the arms, the legs, and the chest, where they may occasionally be found. According to his observations, he has seen them most frequently on the right hypochondrium, over the articulation of the cartilage of the eighth rib. He further says, that it is of vital importance to become familiar with the nature and appearance of this pathognomonic eruption, and understand that it is entirely unlike the rubecloid eruption of typhus and its often accompanied petechiæ; that it is not an extravasation, but a local hyperæmia; that it disappears on pressure, promptly to return when the pressure is removed. All these facts, he goes on saying, must be carefully considered, and, thus thoroughly acquainted with it, the presence of a single spot, as it is often the case, determines at once the diagnosis, and may save the patient from a course of treatment unsuited to him. Happily, we homœopaths do not prescribe for one symptom, and although a correct diagnosis will help us in the selection of the proper remedy and the application of a suitable accessory treatment, still it is not of such vital importance as it is to those who base their line of practice on clinical experience and classify diseases arbitrarily for the sake of nosological convenience. Of course, sometimes this affection is so insidious that an early diagnosis is important, as there are cases in which the patient takes to bed when the intestinal lesion has commenced to do its deadly work; consequently it would be unsafe and unscientific to put aside any means directed to throw light and clear the way to the *similimum*.

Some physicians positively claim to have cut short this dis-

ease. I would be rather inclined to believe in its abortion early, when the poison has not wholly invaded the organism; but this being a self-limited malady, I doubt the former assertion. Such virtue has been ascribed to *Baptisia*, a generalization which we should not, under any consideration, accept without reservation, as we may be called to treat cases which, although typhoid, fall short of its distinctive character, and consequently could not correspond to the particular type for which it is the remedy. Of course, when we look at its pathogenesis and compare its stupor, headache, delirium, tendency to general paralysis, profound debility, red dark face, besotted expression, injected eyes, yellow-brown coating in the centre of the tongue, which is dry and parched, very dry mouth, fetid breath, sordes, putrid diarrhœa, etc., we can but proclaim it a great anti-typhoid remedy, curative, no doubt, of a great number of cases, but not specific for each and every case.

Dr. Hughes tells us to administer *Baptisia* at once, on the ground that it is hardly possible to tell in the early stage (unless in the midst of an epidemic) whether the fever be enteric or common continued. He also recommends its use throughout the progress of the disease, in order to keep down the high temperature, in which so much of the peril consists, and only to supplement or supplant it when certain special manifestations of typhoid poisoning become prominent.

Dr. Harmer Smith, as quoted by said Hughes, ascribes to this drug a tranquillizing effect upon the brain, and Dr. Bayes, a detergent power upon the alimentary mucous membrane, enabling the fevered stomach to receive, to retain, and to digest food. He also gives as one of its strongest indications, that in whatever position the patient lies, the parts rested upon feel sore and bruised (*Arnica*). Dr. Chargé adds, softness of the pulse in the first stage and fœtidity later on. Its prover, Dr. Burt, assigns to this remedy four special centres of action,—the blood, the mucous membranes, the lymphatics, and the cerebro-spinal nervous system. It is through its disorganizing influence on the blood that we have, as a result, a condition so similar to that of typhoid fever. With that peculiar sensation of the body which makes the patient toss about in bed to get the scattered pieces together, we are all well acquainted.

During my practice in Cuba and in this country, I have treated several cases of typhoid fever, and I have done my share of good with *Bryonia*, *Rhus tox.*, *Arsenicum*, *Muriatic acid*, *Gelsemium*, *Arnica*, *Phosphorus*, *Phos. acid*, *Carbo veg.*, and others.

I do not know a remedy more frequently indicated in this disease than *Bryonia*, especially during the first and second stage, before it has reached the period of the critical stools or intestinal ulceration. It may even be given with success after the appearance of the rash, if the typical evacuations have not yet set in,—that is, a diarrhoea indicative of disorganizing changes, as it is well to bear in mind that the fact of an early existing diarrhoea is not sufficient reason to disregard this drug. A mere glance at its pathogenesis would prove the incorrectness of this belief. *Bryonia* has serous, green, involuntary, even putrid stools, consequently, not the diarrhoea, but its character and the general condition must be taken into consideration. I have learned from Jahr and Trinks to give this remedy in the erethistic stage, before the vitality is greatly lowered, either with constipation or diarrhoea, if other symptoms present agree. And I think that if any abortive power can be ascribed to any drug here, *Bryonia* has it; its success will depend on its early application, a thing not always possible, as we are generally called too late. I am not an enthusiast, but I have seen this drug work marvels, subduing the gastric irritation, cleaning and moistening the tongue, healing the cracks, and enabling the stomach to retain liquid food, diminishing and changing the color of the stools, and finally bringing the whole condition to a favorable turn. Even when nervous symptoms predominate, it seems to me that it becomes a compartner of *Baptisia* and *Gelsemium*, especially if there is present strong nightly delirium about affairs of the previous day or business matters. And again we have to resort to *Bryonia* for other inflammatory conditions sometimes present in this disease, such as bronchitic, pneumonic, pleuritic, and rheumatic complaints, especially if the patient is restless and must move, but is worse therefrom.

Jahr always gave this remedy as soon as the peculiar lassitude and heaviness of limbs was felt, with headache, white-coated tongue, loss of appetite, and restless sleep, and if constipation and empty eructations were complained of.

It has been my aim in dealing so extensively with this drug to bring it out of the discredit to which it has been cast by physicians fond of new drugs. Before *Baptisia* was known, *Bryonia* did its good work. Why should it not do the same now, if indicated? A disease may change its aspect in the course of time, modified, perhaps, by age, climate, soil, or other unknown circumstances, but the pathogenesis of a well-proven drug remains always the same.

As *Bryonia* is usually the remedy for the early, so is *Rhus tox.* for the later toxæmic state, when the critical evacuations appear, indicating the advancing period of decomposition; but it may be useful early, when the diarrhœa remains unaffected by *Bryonia* and the eructations are still empty, especially if the tongue should have a red triangular tip or be covered with a brown mucus, and if sleeplessness is caused more from rheumatoid tearing pains of the extremities, which compel the patient to turn often to find relief. You see, then, that *Rhus*, like *Bryonia*, is a useful remedy in the inflammatory stage of the disease, but that it is more particularly indicated at the period of incipient and fully developed intestinal affection, when a putrid decomposition of the fluids takes place. Not long ago I gave *Rhus* with success to a patient before there was any loss of vitality, and its only indications were a constant change of position to find temporary relief from a tearing pain of the lower extremities, the triangular red tip of tongue, and a severe headache, with rigid nape of neck.

Everything, indeed, seems to indicate *Rhus* also in the early stages, the predominant excitement, anorexia, nosebleed, dry cough, scanty or loose bowels, etc. But in any stage when indicated, the functions of the vegetative life will be excited and overactive (erethism), while those of the animal life will be depressed. Other valuable indications for this drug are: "Difficult ratiocination; the speech, which was first coherent and intelligible, dwindles away into an inarticulate murmur, indicating that the mind is so depressed that it is not capable of continuous thought." The indifference, profound despondency, slow mental operation, and horrible depression indicate that its action is more profound than that of *Bryonia*, whose patient is peevish, irritable, and hasty. He is absent-minded. The memory is so impaired that he cannot remember the most recent events. There is tendency to delirium, with great deal of self-talk. Abdomen sore, bloated, amounting to tympanitis. Besides the red-tipped tongue, *Rhus* has a rough, dry, cracked, brown, woody tongue also; the lips and teeth are covered with brown sordes, and the taste is gone. Stools watery or yellowish brown; bloody, with a cadaverous odor; alvine, involuntary during sleep. Urine hot, involuntary; white, muddy, dark, soon becoming turbid, or pale, leaving a white sediment; "and showing by the albumen it contains, the hyperæmic condition of the kidneys." A rose-colored rash upon the thorax and abdomen. Restless nights, sleepy days, but usually sleeplessness, and when sleep comes for a moment it is accompanied

by anxious and burdensome dreams. Threatened paralysis from extreme debility, etc., etc. (*Rhus*, says Dr. Bayes, has a special relation to ailments affecting the right side of the body, and the knowledge of this peculiarity is of practical utility; perhaps this may be one reason for its usefulness in typhoid fever, in which disease, pain or tenderness about the cœcum is a prominent symptom.)

But when the general condition assumes a graver erethitic form, more malignant, the vital functions are more thoroughly perverted or more profoundly excited, the blood and organic substance more extensively and completely altered, and *Rhus* is no longer able to arrest the critical evacuations, we have to resort to *Arsenicum*, which has a greater energy over the vascular and nervous life, blood composition, vital forces, and organic substance. Still the form of fever for which it is the remedy is the same as that of *Rhus tox.*, only *Arsenicum* is in each respect a more active and penetrating remedy. Indeed, by the study of its action we may well assume that no drug has a more specific power to arrest the process of dissolution which is going on in the intestines and blood, during the late stages of typhoid fever.

In the most disheartening cases, marked by excessive prostration, due to a general and rapid sinking of the vital forces, I have seen this drug do a noble work. Especially so in a case given up by the old school, which I took in hand in Cuba. The powers of life seemed almost exhausted, with speech apparently impeded, a nearly imperceptible pulse, sunken eyes, hippocratic face, slight hiccough, and cold sweats. She had an anxious look, and her arms were restless, but she complained of nothing but thirst. The urine was retained and had to be drawn off. The stools were involuntary, foul, and dark in color, the flatus offensive. The tongue and lips dry and covered with a brown coat. The abdomen immensely distended and sensitive, but no gurgling was felt then. Ecchymoses were present, especially on the spots on which she lay. The only good aspect of the case was that no bloody evacuations took place. But a more perfect picture of dissolution I have never seen.

If I add to this the thirst, which, although insatiable, was not the characteristic of *Arsenicum*; the wild, distressing or muttering delirium, which the patient did not have; the sudamina, which was absent at the time, and a few more symptoms, I could present this as a typical group of phenomena indicative of this drug. Should there be a change from the erethis-

tic into the torpid form, manifested by the constant slumber in which the patient lies, then *Acidum phosphoricum* takes the place here which *Rhus* has in the former type, in the same way that *Carbo veg.* would take that of *Arsenicum* in the latter,—that is, *Arsenicum* stands higher than *Rhus* in the erethistic form, while *Carbo veg.* stands higher than *Acid phos.* in the torpid. In other words:

Rhus tox. the lesser erethistic. *Arsenicum* the greater.

Phos. acid the lesser torpid. *Carbo veg.* the greater.

This is the relation which they bear to each other.

In *Rhus* there is a mixture of erethism and depression, affecting as it does the vegetative life in one way and the animal in another, whereas in *Phosph. acid* there is no erethism, but a simultaneous and immediate depression of both provinces. In *Arsenicum* we have erethism and excitement in the animal and vascular systems, prostration and destruction in the vegetative, whereas in *Carbo veg.*, complete torpor and collapse without erethism.

As we see both *Rhus* and *Phosph. acid* (although in a different degree) acting in the same line, *i. e.*, on the blood, vital forces, and intestinal mucous membranes, the latter, if inferior to the former when putrid decomposition of the fluids takes place, is nevertheless indispensable in arresting at the onset the yellow, watery, and slimy diarrhœa and all further development of the intestinal trouble. But its especial indication is that peculiar state of stupid apathy or indifference to which the patient is occasionally brought by the extreme prostration. He is taciturn and insensible to every external impression; dulness of hearing is characteristic. He is disinclined to talk; if he answers questions, he does it slowly and with aversion. If delirium is present, it is mild and always takes the form of a muttering, unintelligible speech. He can be easily aroused from his stupor, and is then fully conscious, but soon sinks back again into his former condition. The eyes are glassy and without lustre; dark-blue rings surround them; the face is pale and sunken; the nose pointed; the skin loose, contracted into wrinkles, clammy and moist; the temperature is usually cooler than normal; ecchymoses, bluish-red spots on the parts which the patient lies upon, ending sometimes in sloughing bed-sores; and sudamina, with copious sweat. I may also mention the epistaxis which, instead of relieving as in *Rhus tox.*, often aggravates the condition of the patient. Other indications of this remedy in typhoid are: Abdomen meteoristic, with much rumbling and gurgling in the intestines. Stools copious, often in-

voluntary and passed unconsciously ; very liquid, whitish gray, or yellowish and very offensive, sometimes showing traces of blood. Copious escape of wind with the stools. The tongue may be dry and have a red streak down the centre, but is usually pale and moist, sometimes covered with slimy mucus. The urine is albuminous, like milk, mixed with jelly-like, bloody pieces ; decomposes rapidly and passes in large quantities at night.

A peculiarity of this drug is, that no matter how profuse and lasting its diarrhœa, it does not seem to have any marked influence upon the system, just the reverse of *Arsenicum*, which, although scanty, increases the prostration. *Veratrum album* has a debilitating diarrhœa, but it is profuse. *Phosphorus* has a debilitating diarrhœa, like *China*, and a non-debilitating, like *Phosph. acid.*

There are two more acids which are often indicated in this affection, the *Muriatic* and *Nitric*. The first supersedes the *Phosphoric* when putrid symptoms appear. It will, like *Arsenicum*, subdue the intestinal hyperæmia and consequent diarrhœa. Trinks thinks it rather applicable in erethistic conditions too severe for *Bryonia*, too sthenic for *Rhus*, and not cerebral enough for *Belladonna*. It does not only modify the evacuations quantitatively, but qualitatively. It corrects putridity, a change which carries with itself other symptoms, producing then a general improvement. When, at the stage of critical evacuations, things take a bad turn, it shares honors with *Rhus*, *Arsenicum*, and even *Carbo veg.* Like the latter, it has saved life in cases brought to the last extreme by the ravages of disease. In cases of intestinal ulceration, with anal hæmorrhages, it has taken the place of the *Nitric* when this has not been sufficient. Hence it is the remedy when the putrid decomposition of the fluids has reached the highest degree of intensity and there is a general state of paresis ; the strength is all gone ; the patient is so weak that he slides down in bed ; total want of all desire for food ; groaning and moaning in sleep ; picking at bed-clothes ; muttering and unconsciousness while awake ; excessive dryness of mouth and tongue ; the tongue is apparently shrunken, and so dry that it rattles like a piece of leather in the mouth ; still later, it becomes heavy, paralyzed, consequently unable to move it or protrude it at will, even if conscious ; pulse intermits every third beat ; profuse discharge of watery urine ; watery diarrhœa ; involuntary stools and urine ; urine may be scanty or turbid, like the dregs of a cider-barrel ; the lower jaw dropped ; and bleeding through

an almost paralyzed anus. As a complication we have sometimes putrid sore-throat, and here *Mur. acid* is a good remedy, even when used locally.

Acidum nitricum is sometimes indicated in the advanced stages, when ulceration has commenced and hæmorrhages from the bowels and hæmorrhagic petechiæ make their appearance, especially if the abdomen is very sensitive and pain settles in the ileo-cæcal region, allowing to infer that there is ulceration; gurgling in abdomen, soreness of the bowels, with persistent bloody diarrhœa. This may be also brown, green, slimy, or acrid, with great exhaustion. The tongue presents a deep red appearance, with a sort of velvety look, ulcerated, or much fissured. The urine is fetid and the skin burning, pungent. Also indicated if inflammatory condition of the lungs is present, with rattling cough and breathing; brownish bloody sputa, raised with difficulty; irregular pulse; raving delirium, getting out of bed. Especially cases from old school which have taken calomel. Like *Tart. emetic*, *Carbo veg.*, *Phosphorus*, and *Moschus*, it is indicated in impending paralysis of lung in severe cases of typhoid fever. The fact that the hæmorrhages caused by this drug consist of non-clotted bright-red blood seems to indicate that it has a special action on this vital fluid, diminishing, perhaps, like *Mercurius*, the plasticity and bringing about liquefaction instead of coagulation. As we sometimes meet with inflammatory changes in the larynx, which have a great tendency to end in ulceration, *Nitric acid* may prove to be a good auxiliary of *Mercurius*, *Kali jod.*, *Iodium*, etc.

Another essential remedy is *Phosphorus*, which, according to Trinks, is to *Phosph. acid* what *Arsenicum* is to *Rhus*; it supplements it in the severer forms of the torpid variety, especially if they assume a marked adynamic type, with impending paralysis, either of the brain or lungs. Following Wurm and Kaspar, I have given this place to *Carbo veg.* But the point which principally claims our notice in regard to this drug is, that it is an erethistic remedy, with a rapid transition to torpor, and consequently applicable to a condition of nervous and vascular irritation with debility, or, as Dr. Farrington has called it, "*irritable weakness*." Dr. Kaspar says that its pathogenesis is a perfect picture of erethistic typhus, either cerebral or abdominal. According to Jahr, it not only arrests the diarrhœa in the preliminary stage and diminishes the danger of the whole disease, but it may likewise act in every stage, either as a transitory, or as a remedy that may break the force of the disease itself, as, for instance, when *Bryonia* proves to be in-

sufficient for the cerebral irritation or pulmonary difficulties. He thinks it likewise efficient in cases of fully-developed abdominal typhus if *Rhus tox.* does not arrest the diarrhœic stools setting in at the outset, or even if the evacuations are gangrenous and bloody.

In the way of comparison, I may state that *Phosphorus* has more sensorial excitement and more dryness of tongue than *Phosph. acid.* The tongue of the first is dry, immovable, covered with black crusts, cracked, parched, and glossy, while that of the latter is pale and clammy. The diarrhœa of *Phosphorus* is streaked with blood, looks like water in which meat has been washed; or of pure blood, blood and mucus, black like coffee dregs from decomposed blood; painless; involuntary; out of a wide-open, paralyzed anus. Great weakness follows each stool. Other important symptoms are: Meteorism, with loud rumbling; stupor, low muttering delirium, grasping at flocks; hurried, small, even filiform pulse; coldness and parchment-like dryness of the skin; paralytic inability to pass urine; urine turbid, milky and of a strong ammoniacal odor; roseola spots, ecchymoses, and miliary eruptions on trunk; great heat of trunk, with cold perspiration on head and limbs.

And finally, as pneumonia sometimes complicates this disease, we may have to resort to *Phosphorus* as the main remedy. It has the power to arrest the pulmonary difficulties of the inflammatory period and the dangerous progression to the severer stages. In consequence of the lung congestion we will find extremely laborious breathing and excessive anxiety, dulness on percussion, mucous râles, stitches during respiration, cough, with copious expectoration of mucus mixed with blood, or even offensive pus; all indicative of this drug.

Mercurius has been extolled by some and discarded by others. Lilienthal recommends the *Merc. sol.* during the first stage, especially in persons of lymphatic nervous temperament, with painful sensibility of epigastrium and of hepatic region; tongue loaded with thick yellow coating; copious, liquid, flocculent stool, sometimes a little bloody; icteroid color of the skin; clammy fetid sweat; sleeplessness, but hardly ever delirium. Also *Merc. dul.* during the second stage, when there is present ill-defined gastric disturbance; painful sensibility of the whole abdomen; colorless watery stools, or as if mixed with flocculent matters, or like the washings of flesh, occurring most often at night. But they must be suspended as soon as the tongue becomes dry and delirium manifests itself. Dr. Hughes even

places it above *Arsenicum* during the ulcerative process. He says that in the idiopathic disease, Peyer's patches and the solitary glands are affected in concert with the other parts of the blood-making system,—the mesenteric glands and the spleen,—and not merely irritated in sympathy with the intestinal surface—and here the remedies of which he thinks the most are *Mercurius* and *Iodium*. Dr. Jousset places *Mercurius* among the principal remedies for the second period of typhoid, saying that it is indicated by the predominance of the abdominal affection. Jahr only used it when hepatitis supervened during the course of typhoid. Dr. Kaspar, of Vienna, says that in the typhoid crisis it is scarcely indicated, unless in typhoid parotitis.

I think that when there is danger of perforation from deep ulceration of the glands of Peyer, recognized by such peritonitic symptoms as diffused abdominal pain and tenderness, increased greatly even by slight movements; glazed tongue, and febrile reactions, with very rapid but not full pulse, *Mercurius* may be a useful remedy. And again, as secondary diphtheria is not uncommon in typhoid fever, and the associated phenomena have so many points of resemblance with those caused by *Merc. cyanat.*, I would not hesitate to try it in that fatal disease called pharyngotyphus. Even in that ulcerative process of the larynx met sometimes with, and which Rokitsansky has denominated laryngotyphus, as well as in any other form of typhoid ulceration with great prostration, this may prove an efficient remedy.

But *Carbo vegetabilis* is usually our last resort in those desperate critical cases of putrid, cadaverous evacuations, in which *Phosph.*, *Mur. acid.*, *Rhus*, and even *Arsenicum* have been of no avail. Perfect asthenia or collapse, as well as putridity, due to a fully-developed ulcerative process, or dissolution of blood, are its main characteristics. To picture well this rapidly invading condition, I may mention nearly complete stupor; dull, lustreless eyes; no reaction of pupils against light; sunken hippocratic face; this, as well as the extremities, becomes bathed with a glacial sweat, even the breath is icy cold; small, filiform, nearly imperceptible pulse; hæmorrhages from mouth and nose; involuntary, putrid, colliquative stools, either brownish, grayish, or bloody; tongue moist and sticky, or parched and cracked, heavy, scarcely movable; tympanitic distension of the abdomen, with loud rumbling and gurgling; sensitiveness of the ileo-cæcal region; pit of stomach bloated; incipient paralysis of the lungs, manifested by a loud, rattling breath-

ing from accumulated mucus ; cyanosis of face, lips, and tongue, from capillary stagnation ; ecchymoses and bedsores from decomposition of blood, etc. For this complete torpor of all the vital functions, *Carbo veg.* seems to be our only anchor of salvation. *Arsenicum* follows next, but in this, as above stated, there is always more or less erethism.

Other important intercurrent remedies are :

Veratrum album, which may be appropriate if the vegetable life is profoundly involved, while the animal is scarcely at all affected. Even during the inflammatory stage, if the vital forces sink to the lowest degree, with cold sweat and coldness of limbs, paroxysms of syncope, bluish redness of face, and nearly imperceptible pulse. Or later, when the purging is profuse, and involuntary urination unconscious, painful abdomen ; petechiæ on extremities, with icy coldness to touch, coma vigil, hippocratic face, wrinkled skin, excessive prostration, pulse scarcely perceptible. Or, if, after the cessation of the critical stages, there still remains a persistent weakness.

Cocculus indicus, which is recommended by Dr. Wurm, when the animal life is pre-eminently involved, while the vegetative is scarcely affected. Lassitude, prostration from least exertion, difficulty in thinking, loss of memory, loss of appetite, invincible disposition to sleep, falling soon into an apathetic condition which ends in actual coma, are its main indications.

• *Arnica*.—When the fever sets in with complete stupefaction and involuntary defecation and micturition ; the patient lies in an unconscious condition, as if stunned, with half sleep ; eyes open, or delirium. If conscious, complains of bed being too hard ; sore and bruised all over, making him change position constantly ; the tongue is dry, with a brown streak in the middle. Great indifference, putrid breath, and red spots, like suggilations, on the body.

Nux vomica sometimes takes the place of *Bryonia* early, when the character of the constipation calls for it, and it is attended by vertigo ; sour or bitter eructations, with bitter and pasty mouth, yellow tongue, especially if there is more intolerance to external impressions, and a strong desire to lie down, which relieves.

Gelsemium is indicated by the predominance of nervous symptoms. It usually precedes *Baptisia* when there is malaise and muscular soreness, chills down the back, afternoon fever with drowsiness, a kind of drunken stupor ; severe pains in head, back, and limbs, with extreme lassitude ; great prostration of all the vital forces. The tongue has little or no coat-

ing, is red, raw, inflamed in middle, can hardly be put out, it trembles so. If, after having given *Gelsemium*, say, the next afternoon, the fever mounts higher, or, although some sweat develops, relief does not follow, *Baptisia* may be needed.

Belladonna, as an intercurrent remedy, may prove efficacious, if *Bryonia* should not control the inflammatory cerebral irritation, especially if the delirium is furious, with attempts to escape out of bed, and in closing the eyes all sorts of frightful visions are seen; or if there is impairment of the mental faculties, the speech is heavy and embarrassed, and the patients no longer recognize their own relatives. Even later, if spasms of the pharynx set in, it may still be useful. The inclination to perspire, with very hot skin, red face, intense headache, dilated pupils, etc., are additional indications.

Stramonium, if *Belladonna* fails. It has a more furious delirium, and also the desire to escape out of bed. Hallucinations which terrify the patient; sees frightful phantasms starting out of the ground by the side of the bed, or running at him; raises or jerks the head from the pillow. Talks in a foreign tongue. But loquacity and a mania for light and company are its characteristics.

Hyoseyamus has also furious delirium, with attempts to run away, to hide, or to go from one bed to another, but of a less violent and inflammatory type. The delirium may continue while awake. Lascivious mania is very characteristic. It may be indicated in any stage, if there is torpor of the entire organism. The patient sinks into a state of apathetic stupefaction, as if sensibility and intelligence were nearly suspended; when spoken to or called, answers correctly, but relapses immediately into his lethargic condition, out of which he cannot be shaken or roused by any other means.

Helleborus may be required, if there is a marked sensorial depression, constant somnolence, and the patient cannot be aroused to full consciousness; all impressions on the senses and all expressions of the will are wanting. It is a perfect picture of idiocy and thorough unconsciousness. It has also a mania *dæmonica*, in which the evil spirits are seen at night.

Opium, besides being the best remedy we have for retention of urine, a symptom which may appear later in the disease, is also indicated when a wild delirium alternates with stupor or stertorous breathing, with open mouth and depressed lower jaw, but more especially if the sopor threatens to terminate in paralysis of the brain. It is often beneficial when the system

fails to respond to the indicated remedy. This may be the reason why *Lachesis* so effectually follows it in this soporous condition with depression of the lower jaw, bringing up a reaction in some of the most hopeless cases, particularly if the discharges are very offensive and the weakness great. But *Lachesis* has not the prostration associated with the vascular and nervous erethism of *Arsenicum*, nor the deathlike asthenia of *Carbo veg.*; it occupies an intermediate position between the two. It may be distinguished by the trembling tongue, catching under lower teeth, the loquacious delirium, the dark charred-looking hæmorrhages, the intolerance to the slightest pressure, and the dropping of the lower jaw, a precursor of paralysis of the brain centres.

Tartar emet., like *Phosphorus*, is indicated in pneumotyphus, œdema pulmonum, with great rattling in chest from accumulated mucus, causing intense dyspnœa, with great prostration; but if, in spite of these two remedies, the mucus accumulates to such an extent that the patient is threatened with paralysis of the lungs and asphyxia, *Moschus* may prove useful.

Calcareæ is recommended by Goullon in "exanthematic typhus," when the rash is very slow in making its appearance. It relieves, says Lilienthal, by bringing out the miliary rash; the meteorism and insensibility of the abdomen diminish, and with it the agitation and anxiety; the stools become more consistent and more rare.

Lycopodium has been likewise recommended by Jahr, if the exanthem delays to come out; but it should only be given after the diarrhœa has been arrested by *Calc. ost.*, while *Calc. ost.* can be given either with constipation or diarrhœa. *Lycop.* is particularly indicated after *Calc. ost.*, if the patient is harassed by muttering delirium, a tearing and stinging headache, or is lying in a state of quiet sopor, which is sometimes interrupted by scolding and screaming, and the abdomen is very much distended. And, finally,

Ipecacuanha, when there is constant nausea, or vomiting, early.

China, in the last stage, will dissipate the night-sweats, accompanied by a progressive loss of strength; obstinate constipation, with clean tongue, sluggishness of bowels, tardy convalescence, with great debility, due to loss of fluids. It will also moderate the excessive hunger during convalescence.—*Terebinthina* is another remedy for hæmorrhages from the bowels, with extreme tympanitis.—*Kreasot.*, for profuse passive hæmorrhages (Péchohier, of Montpellier, assigns to this

drug an antizymotic power, and asserts that it lightens and shortens any attack of typhoid fever. He gives it in 3-drop doses daily.)—*Psorinum*, for retarded convalescence, especially if patient is hopeless, and despairs of recovery.—*Alstonia constricta*, likewise, especially if there is great prostration and debility.—*Anacardium*, if the memory is lost.—*Sulphur*, when the fever assumes a torpid character, or, at any stage, to arouse the dormant energies, and make the patient susceptible to the indicated remedy.

For debility, following this fever: *Acid. phos.*, *Ignat.*, *Amn. carb.*, *Ferrum*, *Sulph.*, *China*, *Nux vom.*, etc.

For chest-symptoms during convalescence: *Phos.*, *Bryon.*, *Ipecac.*, *Tart. em.*, *Iodium*, etc.

For gastric symptoms during convalescence: *Bryon.*, *Nux v.*, *Carbo v.*, *Lycop.*, *Ignat.*, *Merc.*, etc.

For bed-sores: *Ars.*, *Laches.*, *Phosph. ac.*, *Zinc*, *Fluoric ac.*, etc.

For ecchymoses: *Ars.*, *Bryon.*, *Carbo v.*, *Phosph. ac.*, *Zinc*, etc.

ACCESSORY MEANS.

Alcoholic stimulation may be required early, or when the fever begins to decline. If needed in a moderate degree, the *wine-whey* may be suitable. This is made by pouring into a pint of boiling new milk, a small tumblerful of sherry wine, which is put over the fire to boil again, being careful not to stir it, and, as soon as it boils, remove it, and set it aside, until the curd settles, and then pour off the clear whey. If too strong, add a little water. Its regular and prolonged use supplies a liquid which, being easily and promptly passed by a dialytic action into the blood, helps to compensate for the loss of fluids from the blood and tissues. But, when a more active stimulation is desired, I prefer a punch made by adding one large tablespoonful of brandy to four of milk, previously poured out and sweetened. Sometimes it is advantageous to add a tablespoonful of lime-water to this. When *milk-punch* is ordered, it should be made fresh every time.

Hydropathic applications with the sponge and compress, and even the wet-pack, have been used with benefit. Cold water, externally as well as internally, is an agent of great value, but its use requires discrimination. The sponging of the body, one part only uncovered at a time, with tepid whisky and water, will allay dryness and heat of the skin, soothing the uneasy sensations and promoting sleep. Vinegar is often grateful to patients, and may be substituted for the whisky.

The sponging must be followed by gentle and careful drying of the parts with a soft towel. Cold water internally should be given frequently and systematically. Instruct nurse not to wait till the patient asks for it. By following this rule we will meet with fewer cases of dry tongue and hot burning skin, as the free use of water lowers the excessive temperature, and compensates for the unusual combustion of tissue. Ziemssen's gradual method of bathing, as well as Drasche's, do not seem to have many followers. Cold enemata are preferred by some, especially when hæmorrhages from the bowels are present, while others use prolonged lukewarm baths. For my part, I think that the sponging with tepid whisky and water, together with the internal use of cold water, is what can be safely done to lessen morbid heat, without shock or undue depression. Still, I am not prepared to deny the apparent beneficial results of the systematic use of cold water externally, but surely would never apply it to patients subject to feeble action of the heart.

Poultices are beneficial when there is great tenderness of the abdomen. In Cuba, for such cases, we prefer the caul or omentum of sheep, warmed over a moderate fire, and lubricated with sweet-almond oil. Its soothing effects are highly grateful to patients.

Diet.—Regularity, in regard to time and quantity, is of great importance. Little and often is the capital precept for a patient's diet, especially in cases where the functions of digestion and assimilation are so impaired that a large quantity of nourishment is required to sustain the vital forces. When there is extreme prostration, food should be given every half hour or hour, both day and night; consequently, the patient has to be waked from sleep, as otherwise he may sink for want of it. The greatest care should also be exercised in the supply of food during convalescence, when the appetite returns. Solid food should not be given until the temperature has fully returned to its normal standard, and remained so for at least three days. Even then it should not be given to the capacity of the appetite. The tongue may be moist and clean, and the appetite vigorous, still, the enteric ulcer may not be healed yet; for this reason it should be borne in mind that the voracious appetite, which often comes late in convalescence, needs bridling rather than inciting. Solid food should be approached in an ascending scale, commencing, say, with lady-fingers dipped in cream or chocolate. Next, the yolk of a soft-boiled egg, and a roasted potato with a little butter and salt. Nu-

trititious soups, well strained, or a thin piece of tenderloin steak, chewed but not swallowed, may come later. Also, the white meat of poultry, finely chopped, may be allowed, but avoid small birds, as swallowing of the fragments of their little bones may be followed by fatal results. In this systematic manner we arrive at the point when wholesome, solid food can be relished without any danger.

But during the disease, marked inflammatory symptoms demand abstinence, otherwise liquid food, such as oatmeal gruel, toast, rice, barley, or sweetened gum water, is necessary from the first. Later, *milk*, which when given in small and frequently-repeated quantities I consider the safest and best diet for a typhoid patient. Large draughts of milk have caused vomiting of hard, tough, coagulated masses, and, after a prolonged use, its accumulation in the bowels has been a source of much pain. Sometimes it is well to boil it, and in many instances the addition of lime-water is beneficial. *Beef tea*, made at home, if possible, when given hot and strong, is a grateful stimulant, and, as an adjuvant, is very appropriate, but when the patient is not to be starved, it will never take the place of milk. Champagne, so useful in many diseases, is contraindicated here, on account of its tendency to act on the bowels, causing or keeping up diarrhoea. Fruit is also proscribed, but lemonade and wine with water may be allowed. The effects of wine or brandy should be carefully watched, and only given in proportion to the demands of the system, the volume and force of the pulse being the main guides. Beef peptonoids have been used with very good results, either in cold water or beef-tea.

Other important factors are:

The Sick-room.—This should be airy, quite well ventilated, and protected from deleterious influences. As infectious exhalations, being lighter than air, ascend, if practicable, the patient should occupy a separate room on an upper story, so as to prevent the spread of the disease.—The *temperature* should run from 55° to 75°, according to susceptibilities, conditions, or complications, and kept up by a blazing fire, burning night and day, and the uninterrupted admission of fresh air in the most convenient manner, so as to protect the patient from its direct effect. It should be ascertained by means of a thermometer, placed out of a current of air and the direct heat of the fire. In chest complications, the air should be both warm and moist, so as not to irritate the inflamed lining of the respiratory tract. This can be insured by diffusing through the

apartment the steam from a kettle with a long spout, kept constantly boiling. But it must be borne in mind that the desired temperature is not to be maintained by the exclusion of fresh air from the room, making the patient breathe over and over again vitiated air.—Avoid all superfluous furniture, as well as carpets, bed-hangings, and other carriers of contagion, but, if possible, provide a second bed for removal of patient.—Unnecessary talking, whispering, or noises of any kind, distress the patient, when conscious, and should be forbidden.—Protect the patient's face from light.

Cleanliness.—This is imperatively demanded. The sponging, as above mentioned, the frequent change of body and bed linen, which should be received into a vessel containing water strongly impregnated with Carbolic acid, before they are taken out of the room, as well as a thorough disinfection and speedy removal of all discharges, are unavoidable precepts. A moistened mouth is agreeable to the patient. When sordes have gathered remove them by frequently wiping out the mouth with a soft wet towel.

Care-taking.—Long-protracted cases demand a great deal of care to avoid severe *bed-sores*. In anticipation of these, when threatened, frequent change of position should be made, and the parts bathed with whisky and coated with a layer of flexible Collodion, or covered with Calendula or Arnica plaster. The bedclothes should be kept smooth under the patient. Adjustment of pillows, with the addition of small ones, made for the purpose, may help much. When a part is unavoidably pressed upon, it may be protected by a piece of kid spread smoothly with soap. Actual excoriations may demand the water-bed, and be treated locally with the glycerole of Calendula, Arnica, lime-water, poultices, etc.—The attention to the state of the bladder, day by day, to prevent or relieve retention of urine, is highly important.

Rest.—Mental, as well as corporeal rest, is indispensable during the whole course of this dangerous disease. Even during convalescence, if any effort is made which may disturb the healing process of the intestinal lesion, it will re-excite the morbid action, and may end in perforation. Patients, out of bed for a week or more, by imprudence, have sometimes died from perforation of the bowels. This shows that the danger of perforation, from deep ulceration of the glands of Peyer, which always exists after the first week, may extend itself until late in convalescence.

A CASE OF PLACENTA PRÆVIA ASSOCIATED WITH LACERATION OF CERVIX UTERI AND PERINÆUM.

BY E. W. HALSEY, M.D., MIDDLEBURY, VT.

(Read before the Vermont Homœopathic Medical Society, at Montpelier, Vt., October, 19th, 1882.)

My patient was a lady forty years of age, the mother of one child, aged ten. She had not been *enccinte* during the interval. Until the fifth month, owing to absence of some of the common symptoms of pregnancy, serious doubts existed as to her real condition. From this time, however, motion unmistakable, cleared those up. At the middle of the sixth month I was called to see her. There was some flow of bright blood, though not alarming, and considerable pain, the symptoms pointing to a threatened abortion, and I treated it as such, giving *Viburnum prun.*, and insisting on perfect rest. In four days she was able to be about as usual. During the last few weeks of her pregnancy, she suffered much from irritating pains, and several times thought her delivery was at hand. But while waiting to make assurance doubly sure before sending for me, the pain would die away, and cease entirely. Finally, about two weeks after her full term as she calculated had arrived, I was summoned in great haste, at about ten o'clock in the morning. Being about my usual business around town, was not found at once, and it was near 10.30 before I reached my patient. Found her lying on the bed saturated, and literally covered with blood, pulse very weak, and face colorless, but realizing her situation perfectly, and able to give me an account of how she was taken. She was sitting in front of the glass, combing her hair, when without the slightest pain or warning, she felt a profuse gush of liquid. She supposed it to be the liquor amnii; but examining instantly, she found it was blood, and as it continued to gush forth, she staggered to the side of the room where the bell cord hung (it being in a hotel), pulled it and got back to the bed, leaving a trail as she walked, and then fainted from exhaustion, and was found in this condition, everything around and near her smeared with blood. Those summoned had given her stimulants, and she had partly rallied when I arrived. I continued it, and gave her *Secale corn.*, one drop to one-third glass of water, a teaspoonful at a dose to stop the flow, if possible. On examination per vaginum, I found the os dilated sufficiently to admit two fingers with ease, and passed them up into the womb. I could not feel the membranes, nor yet the firm hard feel of the foetal head, but instead, a soft, spongy, fleshy feel-

ing met my finger, explore on which side I would. My examination was careful and thorough, so much so that I was perfectly satisfied I had a case of placental presentation to deal with. Appreciating the dangers of such a case, and the great responsibility of the physician, I requested counsel immediately. This being granted, and my helper having arrived and looked the case over, his diagnosis confirmed my own. There being no pain, and the flow having almost subsided, we resolved to wait for a time, trusting true labor pains would come on. Half an hour after, another gush of blood brought us in haste to the bedside, the application of cloths wet in ice water, over the region of womb, and a tampon of a silk handkerchief, wet with the same, soon checked this flow. We then commenced the administration of fluid extract of Ergot, in one-third teaspoonful doses, diluted with a little water, repeated every fifteen or twenty minutes for several doses, hoping to bring on contractions of the womb, that our efforts to help her should at least be seconded by nature. We were not able to succeed, however, the pain produced not being expulsive in character, and every half hour or so, a renewed flow of blood would bring our patient one degree lower, and less able to stand the final ordeal. To delay longer seemed hazardous, having already waited longer than our judgment approved, this being at the instance of the husband, who seemed very averse to using extreme measures. After explaining the situation to our patient, she being on her left side, we introduced the hand in the vagina, insinuating the fingers through the mouth of the womb, dilating it gradually, till the hand was introduced; carefully feeling our way, we decided the thinnest and most ragged part of the placenta to be posteriorly, and under this we broke our way, passing through a small portion of it before entering the womb proper. We were prepared to grasp the feet and turn, if it seemed expedient and best so to do. We were able, however, to grasp the head, and bring it down near the mouth of the womb, the occiput presenting to symphysis pubis, forehead to promontory of sacrum, then by keeping the hand *in situ*, the forceps were readily applied, and slowly and carefully, the delivery was proceeded with. The moment that the head commenced to press well upon the os, it acted as a plug, and the flow was entirely arrested. Had our patient lost less blood, we would have been justified in delaying the delivery as long as possible, trusting, by thus imitating nature, to save the embarrassing complication of laceration. This would not do now, however, as symptoms of exhaustion were too evident already,

and our only hope of contraction taking place in the womb after delivery, and thus saving her life, was in the speedy termination of the case. The extraction then was hastened as much as possible, consistent with safety, and a still-born child, fully developed, and weighing about ten pounds, was delivered. As the head passed through the os, it was pushed down considerably, and had to be pressed back with the fingers, as the extraction was proceeded with, and as the head finally passed through it was felt to give way and tear. When the head presented at the vulva, as much care as possible was used to prevent the perinæum giving way, by proper support, but to no avail, for on delivery the laceration was almost complete, extending to the internal ring of the sphincter ani. During the most severe part of the work, and while the agony was most terrible, just enough chloroform was given to benumb the patient, and make things at least endurable. Efforts were made to resuscitate the child, but there had been no pulsation of cord, and its little life had been completely drained by the ante-partum hæmorrhage. The administration of Ergot fluid extract was recommenced, and while one physician was employed kneading the abdomen, and ready with ice to use, if necessary, the other passed his hand up to deliver the placenta. This was found firmly adherent, and was detached only with the greatest difficulty and after much time was spent, and when extracted it presented a broken, ragged, ugly mass, showing that in spite of care, many small fragments were left behind. The stimulus of the hand, internally and externally, together with ice applied to the abdomen, and the Ergot, finally produced contractions, and our immediate danger was over, provided our patient could rally from the shock and hæmorrhage. During this time our assistants had been giving her whisky liberally, using Ammonia and Camphor as inhalants, and it was necessary, for she was colorless and pulseless, respiration very irregular, numbness and cramping of limbs. This condition continued for three or four hours, only temporarily relieved by the stimulants, rubbing and heat applied at every available point, and we saw that our patient was suffering from lack of blood to react and carry on the processes of nature, and stimulants could not supply this want. We prepared then some desiccated blood, as per formula of Parke, Davis & Co., of whom we obtained that used, and gave our patient a tablespoonful per os, and three per rectum, every three hours. Her condition was improved within an hour, and after the second dose the reaction was so good we were able to almost entirely dis-

continue stimulants, and we firmly believe this treatment saved her life. Our patient was now put on Arnica internally, and with the exception of a few doses of Aconite, given on the third day, no other remedy was administered or required till our patient was on her feet.

Until within a year or two I would have considered myself justly culpable had I neglected to take several stitches in such an extensive laceration of the perinæum as this case presented. Now my ideas on that subject are considerably modified. I had always been struck with the ease with which small lacerations heal, when simple cleanliness was observed, and a small compress, wet in Calendula or Arnica diluted, was used, yet in the few extensive lacerations which had fallen to my lot, I had never dared to go contrary to the prescribed and accepted rules of sewing up, tying the knees together, etc. My attention was called to the possibility of doing away with all this, from an article by Professor R. N. Foster, of Chicago, in the *Homeopathic Journal of Obstetrics*, vol. ii., page 149, and in three cases since then I have adopted the same plan of procedure, and in every instance with the most perfect success. Simply applying a compress, wet in Calendula solution, I left then for the night. In the morning my patient had rallied greatly, and I made a thorough examination and cleansing of the parts, putting them in apposition, and applying the compress as before. I apprehended trouble from the discharge, which, from the nature of the case, I knew would be putrid and very poisonous. My predictions were more than verified, and within forty-eight hours it was evident that some other plan must be adopted, for the walls of the torn vagina already presented a greenish, putrid appearance, and extensive sloughing of tissue seemed almost inevitable. "Necessity is the mother of invention," and remembering a hint received from a brother practitioner, that he had sometimes succeeded in getting granulations from the bottom by packing the rent with cotton firmly, I smeared a flat, thin piece of absorbent cotton liberally with Cosmoline, thoroughly saturated with Carbolic acid, and packed it into the laceration, pressing it in firmly, thus filling it up completely. This plan was continued morning and night for ten days, and during most of the time the odor of the discharge was terrible beyond anything I had ever endured; half a dozen disinfectants were used in the room, and sometimes three or four at the same time, and yet the odor could not be kept down. At each dressing the flaps were opened and thoroughly washed with Carbolic soap-suds, and a solution of Carbolic acid in-

jected into the vagina. Had stitches been taken in the laceration, this treatment would have been impossible, and sloughing would inevitably have taken place, and in all probability gangrene. As it was, however, at the end of ten days, the character and quantity of the lochia had cleared up to such a degree, that we were able to remove the cotton entirely. No mucous membrane had formed, but on the contrary, we had two raw, healthy surfaces preserved. I now put the parts in perfect apposition, applying my compress as before, and in ten or twelve days, to my surprise and relief, the laceration of the perinæum was perfectly healed. During the time of using the cotton, of course, it fully protected the parts from irritation of the urine, as well as of the lochia. Afterwards we kept a small piece of linen well covered with Cosmoline, just under the meatus urinarius, which served as a spout, and protected the parts from the dribbling of the urine. On examination of the os uteri later, I found it so nearly healed that I am perfectly satisfied that no special operation will be necessary. I am aware I have gone very fully into details at the risk of becoming tiresome, but the case was of such unusual interest to me that I trust it may have proven so to members of the society.

Miscellaneous Contributions.

DRS. OKIE AND CAPRON: THE LESSONS OF THEIR LIVES.

BY GEORGE B. PECK, M.D.

(Read before the R. I. Homœopathic Society.)

SINCE the last regular assemblage of this society, and with but a day's interval, two of Rhode Island's most prominent physicians have been laid in the dust. Each school of medicine has lost a disciple for many years identified with its every interest. Their influence alike, though in different spheres, has been upon the community at large almost unbounded. Meet it is, therefore, to pause for a moment by their new-made graves, and gain, if possible, some practical advantage from the retrospection of their brilliant career.

Abraham Howard Okie, son of Abraham and Abbie Okie, was born in Philadelphia, December 31st, 1819. He spent his early years in a German family in Allentown, graduated at the Medical Department, University of Pennsylvania, in 1840, pursued the study of homœopathy at the Allentown Academy

the next season, married Henrietta (daughter of William) Rush, of Philadelphia, and finally, in 1842, came to this city, where he passed the remainder of his life. Though not the first exponent here of the new faith, he proved himself its first champion, as none of his predecessors remained but for brief periods. He died of enteritis, following an operation for the relief of strangulated hernia, September 20th, 1882, aged 62 years, 8 months, and 19 days.

Such is the simple history of the most extraordinary physician who has lived in Rhode Island, at least in modern times. Coming as the expounder and exemplar of a system of medication, more emphatically then than now, "everywhere spoken against," but strong in the varied resources of brilliant genius and broad culture, and especially in the inspiration of championship of eternal truths, he surmounted every obstacle in his pathway, discomfited alike open and covert opposers, and so possessed himself of the public heart that it regarded him as the great arbiter of life and death. For many a year he was the ultimate refuge of the sick and dying, and physicians of every name were compelled by their patrons to avail themselves of his rare intuitions. As the founder and first president of this society, he concentrated the energies, so far as it is possible for any man to do, of Hahnemann's resident disciples (these men being distinguished for liberty of thought and action), and by their aid unwittingly erected his own best monument, the honorable position now occupied by homœopathy in this community. To this result Dr. Okie's life was a greater contribution than any other.

Judged from the standpoint at which himself evidently regarded it, Dr. Okie's life was unquestionably eminently successful. He possessed an influence no other man ever attained; if he never used it, there was simply no occasion. His social position was unquestioned. He was fortunate in his children. In later years he transferred the drudgery of his practice to competent assistants, eschewing obstetrics, and performing only such and so much other duty as seemed to him good. Thus many hours were secured for the study of Dickens (of whom he was deeply enamoured), and of German and French popular writers as well. The subacute gastritis or "neuralgia," which oftentimes visited him, proved not an unmitigated evil, for it prevented wanton intrusion upon rapt communion with the great of other lands. He had a keen sense of the æsthetic, and enjoyed the means and opportunities for its gratification. His home was one of modern luxury. What more could be desired?

At his funeral I observed the "Father of the Senate," Hon. Henry B. Anthony, at least one representative of the "great family" of Rhode Island, and a number of high social position. The profession were represented by Dr. Caswell, a former student, and an ex-president of the Rhode Island Medical Society; perhaps a single other member of that organization; Drs. Gottschalk, Wilcox, and Barnes, of this society, Dr. McKnight, an ex-member, and, of course, his associate in business, Dr. Bogman.

No one cognizant of Dr. Okie's genius fails most profoundly to regret that he left no permanent testimonial to its character. The medical historian of 1982 will know from tradition of the deeds of this wonderful man, but should he attempt to verify the tales of those marvellous successes by documentary evidence, or seek to weigh their author's talents through some ponderous tome, he must inevitably suffer disappointment. Translations of *Ruoff's Repertory* and *Hartmann's Chief Remedies* (the latter in two volumes), an "Inaugural Address" and a "Monograph on Aconite," are all that can be found. Society records will be strangely silent, also. For a score of years, more or less, he absented himself from the convocations of his brethren. The assigned cause of withdrawal (as indicated by sufficient authority), is that frequently urged at present in excuse for non-attendance, the unprofitable character of their meetings. Private reading, sleeping, and even reverie are accounted more valuable. Waiving a consideration of the morality of such a course, and the justice of such a charge, simply hinting that a fool often asks questions a wise man may profitably consider, it need only be said that such a practice is an intellectual opium habit; the strongest mind cannot conceal its blighting effects, the weaker will find it professional suicide.

GEORGE CAPRON, M.D., was a true Rhode Islander. The principle of soul-liberty inherited from his parents, and cherished through boyhood, by revolutionary tales, and the wild scenes of our highest hills, revealed itself as a controlling element of action throughout his entire life. He would brook no control of autocrat, oligarchy or democracy in theology, science, or any other matter. He studied, reflected, decided for himself, nor could earthly power move him when in the full vigor of manhood. He was born in Cumberland, of Asa and Sarah Mahoney Capron, May 16th, 1802. The pure air, hard work, and plain diet incident to rural life in the dawn of the nineteenth century, so strengthened and invigorated his frame that it sus-

tained, unscathed, the labors and exposures of a career of unremitting activity, prolonged well-nigh through threescore years.

Dr. Capron was a self-made man. An entire stranger and a mere youth, with scanty resources, if any, he came to Providence, determined to become a physician. He found some ready to extend a helping hand, and for them he cherished the deepest affection during his entire life. Realizing that self-dependence or rather *independence*, afforded the only ground of success in life, he entered the study of his chosen profession with an enthusiasm the frosts of age could not chill. Until struck by the dart of the fell destroyer, careful and varied *professional* reading occupied his leisure moments. He never conceived he had mastered his business, but even in his specialty, for which, by nature, he was peculiarly endowed, he expressed himself, almost with his latest breath, an humble learner at the feet of experience.

Dr. Capron never forgot his origin, nor betrayed the class from whence he sprung. Recognizing himself to be but one of the common people, he never was deaf to their call, and having once undertaken their cases, attended them with unswerving fidelity. Hence he obtained among the masses of our population an influence similar to, if not stronger, than that enjoyed by Dr. Okie among the cultured and refined. He discerned the lineaments of his Maker in the humblest of intelligent beings, he saw nothing higher in the proudest. Perchance here we find the occasion of that broad catholicity of spirit which distinguished him from the vast majority of medical practitioners, and to which we also would add the tribute of our profound appreciation. While as a society we are under no formal obligations, as individuals a number of our members are deeply in his debt. We should never forget that more than a generation since, when those we now regard as our professional fathers were young physicians requiring that advice and assistance in obstetrics which age and genius alone can give, he promptly responded to every call, even at the peril of professional standing if not of professional business, believing the claims of suffering maternity to be more sacred than all things else. Such was the decision promptly made when the question was first presented, and to the end of life his conduct was consistent. Some of our juniors carefully cherish precept upon precept freely given (here a little, there a little) of inestimable practical worth, and more promptly available than the fine-spun distinctions of ponderous text-books.

Another feature of Dr. Capron's life is equally notable.

Though summoned as counsel more frequently, perhaps, than any other practitioner through a long period of years, I have never heard him charged with an attempt to steal another's patient. He would not stoop to such conduct. While I rejoice to believe the majority of physicians are too thoroughly imbued with the spirit of their ethical codes to be guilty of such acts, I am unacquainted with any medical society whose membership is free from the accusation. Strange it is that intelligent men fail to see that, with very rare exceptions, "honesty is the best policy" in the long run, and that pecuniary considerations, if no other, should lead them to do unto others as they would have others do to them.

Dr. Capron was a regular attendant upon the meetings of his brethren, and frequently contributed practical papers for their consideration. The last was read to them by a friend, when the author had well-nigh lost all cognizance of terrestrial things. He had previously remarked when finishing it, that one paper more would complete his life-work. That proposed paper was never commenced. His *Domestic Practice*, published many years ago, attained a wide circulation, is even now frequently consulted in many families, is replete with sterling advice, and is wonderfully free from that heroic medication which even now mars the daily work of many of his late associates. When homœopathy came before his notice he bestowed considerable attention upon the subject, and though he never saw fit to transfer his allegiance, he did avail himself of many facts then gathered, and long antedated numerous discoveries (?) of Ringer, Phillips, and Bartholow. Though but an ordinary diagnostician, he was a superior prescriber, and as an accoucheur, *facile princeps*. He unquestionably introduced upon the world's stage between eight and ten thousand performers, perhaps nearer the latter than the former number. The Rhode Island Medical Society long since honored itself as well as him, by a call to the executive chair. He passed from earth September 21st, 1882, after an illness of five days—apoplexy. The Providence Medical Association, of which he was a constituent member and an ex-president, attended his funeral *en masse*; they entertained nought but the kindest feelings concerning him. It was with regret I observed no other homœopath present. Professional engagements detained those most appreciative of his kindness. A lodge of Odd Fellows rendered the last honors at the grave.

PROFESSOR A. B. PALMER, M.D., LL.D.

THE GREAT ALLOPATHIC CHAMPION, OF THE UNIVERSITY OF MICHIGAN,
AS SHOWN UP BY AN ALLOPATHIC BROTHER.

ABOUT a dozen years ago, when the Legislature of Michigan had ordered the regents of the State University to introduce the teaching of homœopathy in their medical department (much to the disgust and confusion of the old medical faculty), Professor A. B. Palmer took it into his head to sicken the regents, and frighten the Legislature out of its purpose, by an exposition of the wonderful absurdities of Father Hahnemann and his followers.

The exposition was made in several lectures, and, in due time, appeared in pamphlet form. Years rolled on, and while the expectant author waited to see the end of the troublesome heresy, the one homœopathic professorship, ordered into the University, was multiplied by two, and then by three, and a homœopathic college was organized on the campus, and then a hospital devoted to the cure of the sick, by the detested treatment.

The discomfiture of the grand champion of allopathic exclusivism was signal and complete, just as expected by all who had taken the trouble to read the stale stuff palmed off as an exposition of homœopathy.

As a last resort, the distinguished Palmer sought the pages of the *North American Review*, and there displayed a rehash of the old stories that had proved so ineffectual in lectures and in pamphlets. The antiquated and fallacious character of the objections urged against homœopathy, apparent to every reader acquainted with the literature of the new school, was well exposed in the article of Dr. Dowling, in a subsequent number of the *Review*. But it remained for an allopathic brother, the able and fair-minded editor of the *New York Medical Journal*, to put the finishing touch upon the vanity and ignorance and old-fogyism of the arch defamer of a rising and rapidly becoming triumphant competing school of therapeutics.

Inflated with notions of his own greatness, Dr. Palmer, a few weeks ago, sent forth from the press of G. P. Putnam's Sons, *A Treatise on the Science and Practice of Medicine*, intended for the guidance of students and assistance of practitioners of medicine all over the world. A copy of the two massive volumes composing the great work was sent to the *New York Medical Journal* for notice, and to-day I have had the pleasure of reading the editorial remarks in the line of review.

My eyes have not yet fallen upon the *Treatise* of Dr. Palmer, and consequently I have no criticism to offer upon its matter or methods; but I desire to make a few quotations from the criticism of the *New York Journal*, as illustrative of the total inability of the Ann Arbor Professor to make an honest and adequate showing on medical subjects.

New-school writers have accused him of ignorance and prejudice, and misrepresentation,—of being medically blind, and stupid, and bitter. But here comes the highest authority in his own school, pronouncing the same sort of judgment upon him.

I am sorry space will not allow me to reproduce the entire notice,—but I proceed with quotations.

The editor at first, says :*

“By what process of reasoning the author of these volumes convinced himself that it was his duty to write them, is a subject of inquiry from which those interested in psychological subtleties might, with a little trouble, obtain both instruction and amusement. It is true, Dr. Palmer gives us, in the preface, certain reasons, which he tells us (and we have no cause to doubt the assertion) were influential in determining him to plunge into the labors of authorship and compilation; but, as these would be regarded by some persons as wholly inadequate, we are still permitted to wonder why the work before us was sent into the world.

“‘Life, liberty, and the pursuit of happiness,’ are asserted in the immortal Declaration of Independence, to be inalienable rights of humanity.

“There is another, only inferentially alluded to, and that is the right of every free-born American citizen to make a book on any subject he pleases. Possibly it was mainly in the assertion of that right that we have had inflicted on us two ponderous volumes on the practice of medicine, which, so far as we can perceive from a very thorough examination, do not enunciate a single original idea, and do not contain a tithe of the ideas of other writers which they should contain, in order to be regarded as useful agents in the conveyance of medical knowledge.”

After showing up grave errors of definition and blunders in pathology, the editor proceeds :

“Of course we cannot, in the limited space of this journal at our command, dwell to any considerable extent upon the descriptions of diseases given by Dr. Palmer, or on the views of their nature and treatment which he inculcates. We are, however, warranted in saying that there are very few subjects considered by him in which he does not show that he has failed to keep up with the progress of medical science.”

That is precisely what we all thought when we read the same writer's efforts against homœopathy.

The reviewer, noticing what is said of the spinal cord, and nervous affections, goes on to say :

“We do not know where more superficial and erroneous descriptions of spinal affections can be found than in the work before us. Dr. Palmer ap-

* *New York Medical Journal*, December, 1882, p. 593.

pears to be in profound ignorance of the contributions of French and German neurologists, except occasionally, as he gets some of them from abstracts in medical journals. He appears to have read hastily certain English and American authors, and to have combined their observations indiscriminately into a sort of hodge-podge of the most incongruous character."

Exactly so he did with works on the principles and practice of Homœopathy—getting a glimpse of an author here and there, and making a mere caricature of what he did not see connectedly, and what he never took the pains properly to understand. In conclusion, the reviewer says:

"Taken as a whole, we cannot, consistently with our views of what a work on the practice of medicine should be, recommend the treatise before us, either to undergraduates or to physicians. The former it will certainly mislead; the latter will find but little that they can apply in their own practice. Considering that Dr. Palmer has been for so many years a physician and a teacher, and that, consequently, he must have acquired experience, both as a practitioner and as an instructor, we had a right to expect that his knowledge would be communicated in what he doubtless regards as the crowning work of his life.

"So far from this expectation being realized, we find, on the contrary, little or nothing from Dr. Palmer, but a great deal of crude and elementary material, badly arranged, and commented upon with indecision and incompleteness.

"Probably it will sell; such books generally do; but that the science of medicine will be advanced by its publication, no one, who wades through it, as we have done, can for a moment believe.

"And we may add that, if medical students are satisfied to enter upon the practice of their profession with such scanty and erroneous information as they can pick up from books like this, it is no wonder that post-graduate schools and polyclinics are necessary in after years, to teach them the real science and art of medicine."

Here then is the vindication of our homœopathic school against the misrepresentations and calumnies of the champion who essayed to keep it out of the University of Michigan, and to prevent a candid consideration of its merits among medical students and practitioners, and who then, as a last effort after signal failures, made a frantic appeal to the laity of the country through a popular literary review.

Let the opinions of the able New York reviewer be passed around; let them be read by the regents and people of Michigan.

J. P. D.

DIPHTHERIA.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

THE present, when different parts of our country are suffering so alarmingly from diphtheria, seems a fitting time to remind the profession where the most reliable help can be found in the treatment of this frightful malady.

In 1880, R. R. Gregg, M.D., of Buffalo, N. Y., wrote an admirable treatise on this subject, giving the pathology, according to his views, symptoms, diagnosis, and treatment, all of which are good. His treatment is based upon sound doctrine, and the results from such treatment are eminently satisfactory in practice. This little book contains 122 pages, and is published by F. E. Boericke, M.D.

In 1881, A Prize Essay, on this alarming malady, was written by A. McNeil, M.D. Dr. McNeil, being stimulated to serve the profession, has made use of every available means, both foreign and domestic, to bring out a work of high merit, which he has most nobly accomplished, and has obtained thereby a proffered prize for such a production.

In this work he has defined diphtheria, given its etiology, symptomatology, special pathology, sequelæ, diagnosis, prognosis, prophylaxis, therapeutics, sanitary adjuvants, and auxiliary measures, all in clear and unmistakable terms. It is really an exhaustive work on this subject and fully up to the times. It contains 145 pages, and is published by Duncan & Brother, of Chicago.

Every physician should possess a copy of each of these works, as one is complementary to the other. Physicians, as a rule, are afraid of spending money for books. It is my experience that every dollar invested in good practical medical literature is better than an investment in monetary matters at any percentage. The yield is fargreater in more ways than one.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting of the Society was held on Thursday evening, December 14th, 1882, at the Hahnemann Medical College, Dr. W. B. Trites, President, in the chair. Seventy-one physicians were present.

The minutes of the November meeting were read and approved.

The committee on the introduction of homœopathy into Blockley Almshouse reported progress.

DR. H. NOAH MARTIN, for the committee on the homœopathic treatment of small-pox patients in the Municipal Hospital, submitted as a report the following communication:

"OFFICE OF THE BOARD OF HEALTH.

"PHILADELPHIA, November 27th, 1882.

"DR. H. NOAH MARTIN,

"Chairman of Committee of County Hom. Med. Soc.:

"DEAR SIR: In reply to your inquiry—'Whether, if a patient, admitted to the Municipal Hospital, desired his family physician to attend him, the request would be granted,' I am directed to say that it is contrary to the rules of the Municipal Hospital to permit any physician but the physician in charge and his assistants to attend patients in that institution.

"Very respectfully,

"Your obedient servant,

(Signed)

"WILLIAM H. FORD,

"Chairman Sanitary Committee."

DR. E. M. GRAMM, for the committee on the subject of introducing a night medical service in Philadelphia, reported that, "after having made a number of unsuccessful attempts to interest various councilmen in the subject, it has addressed a communication to both branches of City Councils, asking them to consider the advisability of introducing a night medical service in Philadelphia." Report accepted, and committee continued.

DR. M. S. WILLIAMSON, Chairman of the committee to solicit subscriptions to aid in liquidating the debt of the Pennsylvania State Society, reported that "Since his last report, \$14 more had been received, making the total \$126, which, less \$6.50 for printing and postage, had been forwarded to Dr. J. F. Cooper, Treasurer. Dr. Cooper, in a letter dated December 11th, 1882, says: 'When I wrote to you last, I informed you that the State Society was out of debt, but when the *Transactions* of the last session were turned over to the secretary, and the printer's bill was rendered, I paid him all the money then on hand, and we are in debt for the balance of his bill, \$261. Whether your society proposes to pay over the balance of the \$200 called for, I have not learned, but think it but just that it should, as the same amount was paid promptly by the Allegheny County Society. I hope, if your society does no more, it will at least make up the balance of the \$200.'" Report accepted. Though Dr. Williamson believed as much had been raised by the committee as was possible now, he agreed to continue his efforts, as it was intimated by some members that probably more subscriptions would be forthcoming.

DR. C. MOHR, Chairman of the standing committee on organization, medical education, statistics, and legislation, reported progress in the matter of the medical inspection of the public schools of Philadelphia. At the last meeting of the committee, it had been decided to call a special meeting of the society early next spring, to consider a full report that would then be

submitted for discussion. Dr. Mohr further reported, that the committee had duly complied with the request of the society, in respect to the joint resolution pending in Congress to prevent discrimination against schools of medical practice.

DR. H. F. IVINS, Chairman of the Bureau of Ophthalmology, Otology, and Laryngology, announced that his associates in the work of the bureau for the ensuing year, were Drs. P. Dudley, W. H. Bigler, C. B. Knerr, and C. Bartlett.

DR. E. A. FARRINGTON, Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, announced that the following subjects would be presented for discussion at the next meeting, viz :

“The Turkish Bath,” by Dr. J. C. Guernsey.

“Remarks on Kali Phosphoricum,” by Dr. Aug. Korndorfer.

“Routinism,” by Dr. E. Fornias.

“Remedies for Neurasthenia affecting the Lumbar Spine,” by Dr. E. A. Farrington.

The Censors reported favorably on the application for membership by Dr. Wm. M. Zerns, who was thereupon duly elected.

DR. E. FORNIAS, Chairman of the Bureau of Zymoses and Dermatology, then submitted the bureau report, embracing two papers, as follows :

a. “Status Præsens of the Knowledge of Zymoses ; Homœopathy and the Bacteria Craze,” by Dr. E. A. Farrington.

b. “Comments on the Treatment of Typhoid Fever,” by Dr. E. Fornias.

The papers were listened to with marked attention, accepted, and referred for publication. A discussion ensued, in which Drs. Morgan, Mohr, J. E. James, Korndorfer, Dudley, McClatchey, and Farrington took part.

DR. J. B. KNIFFEN was appointed Chairman of the Bureau of Zymoses and Dermatology, for the ensuing year, and then the society adjourned.

NOTES OF STUDENT LIFE IN VIENNA.

VIENNA, September, 1882.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY: Thinking possibly that your readers may be interested to hear from this “far away Mecca” of medical instruction, I venture to send you a few items. If you find my “notes” acceptable, I will try and repeat them from time to time during my sojourn here. I arrived here early in May, travel worn and

weary, glad to reach the place for which I had set out. My experiences for the first few days were not of a kind I would care to describe for public perusal. The uppermost thought in my mind was to reach the Allgemeine Krankenhaus, as I was longing to hear from home—not that I was homesick or anything of that kind!

I went to bed very weary, for I had travelled continuously for twenty-four hours; but, owing to the aforesaid longing, I awoke early. I sought my companion in a room adjoining mine; he was sleeping the sleep of the weary, so I did not disturb him, but made my way to the street, resolved to find the Krankenhaus. Just at that particular time began an experience not easily forgotten; I knew no German, I met no one that knew any English. I could say Krankenhaus with an English accent. I am sure I looked the interrogation, "Where? Which way?" By frequently stopping persons and pronouncing the word and earnestly looking the where, I reached the goal of my desire and found letters enough to satisfy the longing for the time being; but I find it to return every few days. To an American coming here with the dignity of M.D. fresh upon him, naturally giving him a consciousness of considerable, if not superior medical knowledge, the effect of a few visits to the departments of this Great Hospital school is bewildering and depressing upon the aforesaid dignity, as he sees himself through the reverse end of his mental opera-glass. On the whole and in the end this will prove beneficial, as every earnest man will "gird up the loins of his mind," and enter upon the work before him with clearer conception of his own deficiencies and of the grand opportunities offered by the school here for a thorough practical investigation of every department of medical study. Just how long it will take to regain the beautiful illusions of personal importance I cannot say, as I have been here but five months. I am inclined to believe, however, that they may never return, at least with the *couleur de rose* of graduation day. Having spent a sufficient time in a general survey of the whole field, the enthusiastic man will find himself in a frame of mind akin to the hungry countryman, who cast his eye over the bill of fare, and said to the waiter, "I will begin at the top and go clean through!" But there are limits to the capacity of the mind as well as the stomach, which will become manifest by the expiration of a month or so, when the conclusion will be reached that it will be more profitable to confine the attention to two or three subjects until they are mastered. I find my first letter is already too long.

G.

1883.]

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., January, 1883.

No. 1.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE DECEASE OF ROBERT J. MCCLATCHEY, M.D.—Dr. R. J. McClatchey, President of the Hahnemann Club of Philadelphia—the organization which owns the HAHNEMANNIAN MONTHLY—and who was for ten years its editor, died at five minutes past noon, on Monday, January 15th, 1883, of apoplexy, after an illness of about fourteen hours. He had been in his usual health, had attended, during the previous week, the annual meeting of the Philadelphia Homœopathic Library Association, and the monthly meeting of the County Medical Society, had delivered his usual didactic and clinical lectures at the college, and, on the day preceding his death, had visited an unusually large circle of his patients. On Sunday evening he was sitting in his office in conversation with his friend, Dr. Charles M. Brooks, when, a few minutes before ten o'clock, he complained of intense pain in his head. This continued, and was shortly followed by muscular tremors and weakness, with nausea and vomiting. He was assisted to his bed, and his physician, Professor John E. James, was summoned, who

found his symptoms as above narrated, together with some difficulty in articulation and partial right hemiplegia. Improvement appeared to follow the use of remedies, the intense pain and vomiting subsided, and the patient fell into what seemed an easy and natural sleep. Dr. James returned home near midnight, hoping that the greatest danger was past. Shortly afterward he returned to his patient in answer to an urgent message, and found him unconscious, and presenting all the signs of sanguineous apoplexy. The coma became more and more profound until the end. Drs. J. E. James, C. M. Brooks, Bushrod W. James, and Pemberton Dudley were at his bedside when the spirit departed; Dr. A. R. Thomas had left him but a few minutes previously. After nearly twenty-seven years of active service in the profession he loved, he was caught away to his reward from the midst of his labors and in the prime of his usefulness.

Robert J. McClatchey was born in Philadelphia, April 6th, 1836. His early education was obtained in the public and private schools of his native city, supplemented by a course of English, classical, and mathematical training at Nazareth Hall, Penna. He commenced the study of medicine under the preceptorship of Dr. William S. Helmuth, then professor of practice in the young Homœopathic Medical College of Pennsylvania, and graduated from that institution in 1856. A year or two after his graduation he settled in Bethlehem, Pa. Upon the breaking out of the civil war in 1861, he assisted in raising a company of volunteers, and was selected as lieutenant of the company. The medical examination resulted in his rejection on account of an inguinal hernia. Disappointed in his desire to enter the army, he travelled extensively in his native State, delivering addresses in behalf of the government cause, and otherwise aiding in securing volunteer recruits. He subsequently became a member of the Union League and of the Secret League of America, in both of which relations he performed useful service. In the spring of 1863 he returned to Philadelphia, and located at number 916 North Tenth Street, above Poplar, afterwards removing to number 918, where he remained during the rest of his life. He was not very long in securing a good practice in his new field, and rapidly made his way to an enviable position in the esteem and respect of his professional brethren, old and young. In 1866 he was one of the most earnest of those who united in reorganizing the homœopathic physicians of Philadelphia into "the Homœopathic Medical Society of the County of Philadelphia," and was

elected its first secretary, which office he held for nine years. It was during this period that Dr. McClatchey developed, in a marked degree, that unusual force of intellect and character that made him so prominent a figure in professional circles, and invested him with a power of leadership seldom acquired by men of his years, particularly in the learned professions.

It was not alone in relation to his local society, however, that his valuable qualities were manifested. Other duties and responsibilities followed in rapid succession. On June 5th, 1866, only three months subsequent to the reorganization of the Philadelphia County Society, the Homœopathic Medical Society of Pennsylvania was organized in Pittsburgh, and Dr. McClatchey was called to six consecutive years of active service as its corresponding secretary and as the chief, indeed, almost the sole, editor of its *Transactions*. In 1867 he was called by his Alma Mater to the professorship of anatomy, a position he held for two years, during a period of the greatest trial the college ever experienced. Here, as in his other official relations, his quick, almost intuitive perception, his far-seeing discernment, his sound judgment, and his practical resource, were made available in aiding to bring order out of almost hopeless confusion, and securing unity where only discord had reigned before. In 1868 the faculty appointed him to the editorship of the HAHNEMANNIAN MONTHLY, which at that time was owned and published by the college. This field of labor offered a fitting opportunity for the display of his literary powers, and the journal speedily assumed a place among the most influential periodicals of the day. His editorship extended over ten annual volumes, and his trenchant pen exerted a marked influence in professional councils. In 1871 the American Institute of Homœopathy elected him to its general secretaryship, the most responsible position in the gift of the American homœopathic profession. His executive ability, his literary capacity, and his wise judgment were well known to his fellow-members of the Institute, and the new responsibility was conferred with a confidence which subsequent events proved to be well founded. True, his individuality and the energy with which all his plans were pursued, sometimes brought him into conflict with those holding different views of professional policy, but the vast majority of his brethren approved his course and his methods in nearly or quite all instances. He was continued in this office for eight consecutive years, twice as long as the position has ever been held by any other individual. During this official relation his knowledge, not only of the business of

the Institute, but of the physicians, the societies and the homœopathic institutions of the country, was almost wonderful in its scope and completeness. This knowledge was constantly available in the interests of the societies and physicians he served. At the same time his editorial skill in the publication of the Institute's *Transactions* gave additional value to his services as secretary of the organization.

In 1871 the Hahnemann Club of Philadelphia was organized, largely as a result of the plans and efforts of Dr. McClatchey. He, with his near professional friends, had often talked of the advantages of such an organization to its own members, of the unifying influence which it might exert upon the entire profession of the city and vicinity, and of the work it might accomplish for the public good. When the club was organized he was chosen its President, and was re-elected to the office from year to year so long as his life was spared. At the annual meeting of the Club held in 1875, and again in 1876, he urged upon the members the advisability of originating a movement for the establishment of a homœopathic hospital for children. This project took definite form in the autumn of 1876, and early the next year an organization was effected, and a charter secured for "The Children's Homœopathic Hospital of Philadelphia." The organization of such an institution was first suggested to the doctor by his former wife, after listening to his reading from "Our Mutual Friend," Dickens's account of the waif who died in the Children's Hospital, and who, with his dying breath, bequeathed his toys to his fellow-sufferer in the adjacent cot. And so, the institution which he was so largely instrumental in establishing, will stand as his appropriate memorial.

Most of the honors conferred by the profession upon Dr. McClatchey were such as involved laborious toil and constant self-sacrifice. Yet it is pleasant to record that a few of them were of a different character. In 1874 he was elected President of the Homœopathic Medical Society of Pennsylvania, and in 1877-78 held a similar position in the Homœopathic Medical Society of Philadelphia County. He also held an honorary membership in the Homœopathic Medical Society of the State of New York, and in the Mexican Institute of Homœopathy.

Besides his work in direct relation to medical societies, hospitals, etc., Dr. McClatchey also prepared a revision of Laurie's *Domestic Physician*, a large octavo volume, published in 1871, in which the most approved homœopathic treatment was care-

fully laid down, and the best known New Remedies were introduced. He also assisted very materially in the revision of Guernsey's *Obstetrics* previous to the issue of the second edition of that well-known treatise. THE HAHNEMANNIAN MONTHLY and other journals, and the *Transactions* of the National and State medical societies exhibit numerous valuable scientific productions of his pen.

It was not to be expected that the versatile genius of such a man in such a profession could escape the demand for its employment in the work of medical education. Consequently we find that although the union and consolidation of the two Philadelphia Homœopathic Colleges in 1869 did for a time exempt him from this work, a second call of this nature came about the year 1872. This, for purely personal reasons, he declined, but in 1877, in response to the urgent solicitation of the college, he accepted the professorship of pathology and the practice of medicine, and filled it with a remarkable measure of acceptance and success until the close of his life, and while during the whole of this time he enjoyed but indifferent health, he will always be remembered by those who were privileged to sit as learners at his feet, and those who were associated with him in his work, as possessing clear conceptions of the subjects he taught, as a man of ripe medical scholarship, and of the broadest and most comprehensive views of the work of medical education.

The whole of Dr. McClatchey's professional life, with the exception of a few of his later years, exhibited an almost tireless physical and mental energy. At one time he was secretary of the County Medical Society, secretary of the State Medical Society, and editor of its *Transactions*, editor and business manager of the HAHNEMANNIAN MONTHLY, professor of anatomy in the Homœopathic Medical College of Pennsylvania, and lecturer on clinical medicine in the same institution, and all this, while attending to the duties of quite a large practice. Later he held the professorship of pathology and practice, the editorship of the journal and the secretaryship of the American Institute at one and the same time, and until his health gave way, none of these interests suffered at his hands for lack of judicious and energetic management.

From the moment when, in 1871, the project of a "World's Convention" of homœopathic physicians, to be held in Philadelphia, in 1876, was first suggested to him, he manifested the most enthusiastic interest in its success. Associated intimately with Carroll Dunham in the work of preparation for the Con-

vention, he planned liberally and labored assiduously to secure its highest possible results. But about the time that the Convention was held, or shortly afterwards, his intimate personal friends—and he had hosts of them—began to observe an evident failure in his old-time energy, as manifested more especially in the lessening promptitude with which his more public work was performed. He seemed, in conversation, to express the same interest in his work as of old, and was ever planning for its completion, but one after another his plans failed of their golden fruition. The journal issues fell into arrears; the work of issuing the *Transactions* of the World's Convention, so anxiously and expectantly awaited, dragged slowly along, and presently ceased altogether; professional meetings of various kinds were unattended, committee work was left undone, and even his private business showed symptoms of neglect. Then, a waiting, expectant profession began to question, then to criticise, and then to denounce, until, finally, even the harshest expressions were vented against him by those who little dreamed that his failures were due, not to culpable indifference, but to the paralyzing influence of insidious disease. The chief point against which professional criticism was directed, was the non-appearance of the World's Convention *Transactions*. Dr. McClatchey having been largely instrumental in securing the success of the Convention, was, as he freely confessed, ambitious to present the two huge volumes of its *Transactions* to the profession in the best possible form, with all their essays, histories, statistics, and proceedings, finished and complete. The amount of labor performed upon the manuscripts by the lamented Dunham, and by the scores of men who had aided in it, had impressed the profession with the false idea that comparatively little work was needed to fit them for the compositor, but when Carroll Dunham's health gave way, and all the manuscripts came into Dr. McClatchey's hands, the astounding confusion and incompleteness of the work of preparation were found to be such that only by an enormous amount of toil could he hope to fit them for issue from the press. The vast magnitude of this work, which a few brief years before would have been undertaken systematically and fearlessly, now, in the broken state of his health, utterly discouraged and appalled him. Yet he succeeded in extricating some considerable portions of the work from its almost hopeless chaos, until, worn out with the unequal struggle, he abandoned it entirely, yet in the hope of some day taking it up again and pushing it to completion.

It must not be supposed that those who enjoyed the opportunity of close and constant intimacy with him were much better informed respecting the essential causes of his failure than were his brethren who lived at a distance. True, they did know something of the vastness of the work before him, and that his inability to grapple successfully with it was due to some physical cause. Nor were any of them much wiser until his friends in the college faculty at last found opportunity to literally force him to abandon the work to other hands; and then, the long strain over, the reaction came, and the worn-out brain and body suddenly succumbed, and for weeks lay struggling in a conflict between life and death. His disease was purely cerebral, and at last his failures were all explained.

This was in June, 1880. To the surprise of his physicians he slowly returned to some measure of health and strength, but it was painfully evident to all his professional friends that he was no longer the physical and intellectual giant that he once had been. In some respects, it is true, much of his old-time brilliancy was restored, but his power for long-continued and severe mental or physical work was gone. His health was wrecked irretrievably, and his medical associates were fully aware that the disaster which has so recently befallen them in his death, might occur at any moment. And so, after two years more of labor, unexpectedly perhaps to him, he has suddenly ceased to go in and out among us. The tired brain and body are in calm repose, and the spirit is enjoying its heaven-bestowed reward.

It was but two or three years subsequent to the reception of his medical degree when Dr. McClatchey united himself in marriage with Miss Mary J. Milner, of Philadelphia, a lady of the most lovely Christian and domestic qualities. Three children were born of this union, two of whom, both daughters, are now living, the other, a son, having died in infancy. Mrs. McClatchey died October 7th, 1875, the evening before the meeting of the State Medical Society, of which her husband was then the presiding officer. Subsequently he married Miss Harriet A. Sentsman, who survives him, and who has been to him and to his children all that a noble, devoted, Christian womanhood can prove to the heart and home of man, a companion, counsellor, comforter, protector and friend.

In his religious life, Dr. McClatchey was by no means obtrusive, yet there is abundant reason to know that it was characterized by the same firmness of conviction, the same confidence of faith, and the same devotion to principle that were

manifest in all his outward and more worldly relations. Indeed, it would appear that the settled firmness of his religious faith and principles formed the real basis of that sturdy character which made him so earnest a champion of whatever he believed to be true, and so uncompromising a foe to injustice and error. Nor did he hesitate to avow publicly his faith in a Supreme Ruler over the destinies of nature, of nations, or of men, and his trust in a Divine Redeemer. From his boyhood he was a member of the congregation of the First Moravian Church of Philadelphia—as were his ancestors—and was for fifteen years a member of its Board of Elders.

Like all men of positive character, Dr. McClatchey had some enemies. Considering his sturdy independence in the formation of his opinions, and his perfect freedom in expressing them, it is a wonder that he had so few. His bitterest antagonists, so far as we know, were made such solely by reason of difference of medical belief,—a statement by no means creditable to the spirit of modern scientific research and discussion. He was not more easily excited than most of his fellows, yet he could not tamely brook any assault upon his perfect freedom of opinion, or any aspersion of his professional honesty. In the face of either he was as a lion let loose among his tormentors. Yet no discussion of a scientific topic, however sharp, or however antagonistic to his own views, could disturb his equanimity, or affect his personal friendship for his opponent. His keen wit, his acute sense of humor, his quickness at repartee, his incisive manner in debate, his geniality, and his firmness in friendship, will make his name a pleasant memory to those who knew him well in life, until they shall join him on the other side. And the work that he did for humanity, for science, for his profession, will live and grow and bear rich fruit when the hand that pens and the eye that scans these lines shall have been forgotten. And so, this journal pays its sad and sorrowful tribute to the memory of him who, whether as editor, as contributor, or as counsellor—and he was all these—poured out his best gifts in full measure, that the profession of his choice and of his love might be lifted into higher honor and more abounding usefulness.

IMPURE HOMŒOPATHY.—Some of our allopathic contemporaries are endeavoring to make capital out of the disgrace to which our school is subjected by the champions of isopathy and the prescribers of “nosodes.” The introduction of a list of these filthy matters in the *American Pharmacopœia*, not-

withstanding they are thrust out of the body of the work and into an appendix, has furnished a pretext sufficient to warrant almost any editor of allopathic proclivities, in charging the homœopathic profession as a body, with their more or less frequent use; and thus the entire profession is held responsible for the acts of a portion of its members. This, indeed, is not the worst of it. Homœopathy, as a healing art, is discredited and its advancement seriously hindered by the statement, whether false or true, that its practitioners resort to means of questionable delicacy in their efforts to cure disease. The writer of this article has recently learned of an intelligent and influential family who, discouraged and disgusted with allopathy, were about to try homœopathy, but quickly determined not to do so, on learning that a certain homœopathic physician had admitted curing a case of malarial fever with bed-bugs. "And," said the lady who gave us the information, "doctor, if I thought you ever prescribed such things I would never take another dose of your medicine." Doubtless, the lady little dreamed of a far higher, or lower, degree of nastiness to which a few practitioners have attained, or she might have considered the *Acanthia* l. the very essence of cleanliness in the comparison.

There is no need, in this connection, to argue for or against the therapeutic efficacy of these disgusting substances; neither is it proposed to listen for a moment to the hackneyed argument about their chemical quality, nor to draw nice distinctions between varying degrees of nastiness. The only questions at all worthy of consideration are, whether physicians have a moral right to impose these foul matters upon their patients without their knowledge and consent, and whether any one who thus befouls the fair garments of Homœopathy, and hinders her beneficent progress, has any claim to be accounted her real friend. The very suggestion, from which the use of "nosodes" originated, sprang from an inadequate and erroneous conception of the homœopathic principle of cure, and nothing but ultimate disaster to the homœopathic cause could result from their general and open-handed adoption. There is little occasion, however, to fear such a contingency, but it seems well to remind ourselves and each other, now and then, of the danger to our loved cause from assaults upon her immaculate purity, even by those who would, and do, gladly make sacrifices in her behalf.

The readers of this journal will understand that there is a striking difference between those who, through inadvertence, allow themselves to resort to these means of doubtful delicacy

and still more doubtful homœopathicity, and those others who are deliberately advocating and urging their use with a full knowledge and consciousness of the humiliation and disgrace they are thus bringing upon our school. This journal is "set for the defence" of homœopathy, and, next to those enemies who would retard its progress by fettering medical thought or restraining freedom of professional action, its most insidious foes will be found among those who, whether intentionally or unintentionally, are holding up our system to the scorn and loathing of an enlightened public.

One of our allopathic exchanges very honestly admits that his own school is by no means clear of a similar disgrace, and that homœopathy does not enjoy a monopoly of the use of disgusting medicines. It is to be hoped, however, that these allopathic periodicals, one and all, will continue to excoriate us without mercy, until these loathsome medicaments shall be relegated to their proper place, by the side of the filthy and disgusting mixtures of old-time allopathy. D.

THE FULFILMENT OF PROPHECY.—We make haste to inform our allopathic contemporaries—it will do them so much good—that two—yes, *two*—homœopathic physicians have been recently converted—or rather retroverted—to allopathy. One is a Dr. Liliencranz, of California, who, it is said, has applied for admission to an allopathic medical society, though possibly for the purpose of studying homœopathy there, and the other is Dr. S. O. L. Potter, of Wisconsin, who has recently found employment in writing books for the shelves of a Philadelphia allopathic publisher. Of this latter gentleman, the *Advance*, in announcing that he has "gone back on homœopathy," facetiously intimates that he always did go back on it, even when he thought he was practicing it.

We are heartily glad that this thing has happened. Heretofore, the changes between the schools have been so entirely one-sided that the business was becoming monotonous. While the two gentlemen above named were preparing for their backward summersault into allopathy, probably more than twice two thousand allopathic physicians have flopped over in the opposite direction. These two, however, are not the only renegades from homœopathy. We remember to have heard "the fathers" who long since passed away in the ripeness of old age, speak of another, who, from being a very poor homœopath, lost his balance and fell backwards into the allopathic slough, and has been wallowing there ever since. That was away back in the direction of the dark ages. His name was Peters—

same name as the man who ate his Master's loaves and fishes, and was then scared by a servant girl into swearing that he did not know him. This latter individual, however, came out all right, and boldly laid down his life in defence of his Master's name; but when the New York man became a renegade, he stayed a renegade. And now there are three of them; one on either side of a three-thousand-mile continent and one in the middle. What company they must be for each other! How lovingly they can see-saw together—one on each end of the Union Pacific Railroad and one over its fulcrum—and sing in its praise, "Blest be the tie that binds!"

Three desertions—possibly there may have been one or two more that we never heard of—in the brief space of fifty-eight years; reducing the number of our practitioners from *one* to some six or seven thousands! Thus the ancient prophecies which foretold the dissolution of homœopathy are being rapidly fulfilled.

EXPLANATION.—We must ask our subscribers to excuse the delay in the issue of this number. A part of this delay was caused by the pressure of professional duties at the New Year period, and the death of Dr. McClatchey necessitated a further withholding of publication. We hope and expect to be in better time next month.

Notes and Comments.

ABSOLUTE CERTAINTY.—There is nothing more sure than a "sure cure." It is "sure" to fail at the first trial.

THE BACILLUS OF TUBERCLE.—Koch's theories respecting the Bacillus of tubercle is hotly contested by Dr. Formad in the *Philadelphia Medical Times*.

SWITZERLAND'S VOTE ON COMPULSORY VACCINATION, taken July 31st, 1882, stood as follows: *For* compulsory vaccination, 65,675; *Against* it, 271,999.

THE DATE OF THE INSTITUTE MEETING for 1883 has been fixed for June 19th, 20th, 21st, and 22d. Headquarters at the International Hotel, Niagara Falls, N. Y.

AN OPINION OF DESERTERS, which we commend to any *other* physicians who propose to turn back into allopathy, may be found in II Peter, ii., 22. It isn't *our* language; it was written by an inspired apostle.

HIGH TEMPERATURE.—Professor McClatchey's temperature, taken in the axilla about twenty minutes before his death (from apoplexy), was 108½ plus,—by far the highest marking any one of the five physicians present had ever seen.

THANKS.—Dr. O. P. Baer, the veteran homœopathist of Richmond, Ind., says of the last year's *HAHNEMANNIAN*, "It has subserved a good purpose; has yielded much good fruit, as well as buds and blossoms. It surely merits a goodly support from the entire profession." Considering that Dr. Baer is not so lavish as some in his distribution of compliments, the above is highly appreciated.

OPERA-GLASSES IN A MEDICAL COLLEGE.—The *Buffalo Medical and Surgical Journal*, criticising a well-known (allopathic) medical college, says: "The class is so large that in the lower lecture room especially, the students occupying the back seats are at a serious disadvantage. It strikes one as ludicrous to see many of these unfortunates using opera-glasses, perhaps to see who is lecturing, but they ought also to be provided with ear-trumpets, for some of the professors do not speak loud enough to be heard in the distant seats."

DANGER SIGNAL.—At one time it was generally believed that the brain discarded its viscosities through the nose; hence the clear-headed feeling following a good generous sneeze. Lately this is emphatically denied; but nevertheless, sub-dural injections made by Key and Ritzins into the skulls of rabbits, penetrated through the foramina of the lamina cribrosa into the mucous membrane of the nares and through special channels in the epithelium of that membrane reached its surface. So, then, the danger of one's "blowing his brains out" into his handkerchief seems more imminent than has been generally supposed.

"GANGRENE OR A BOIL.—It is known that the Hon. Thomas A. Hendricks has been recently suffering from senile gangrene. His life was despaired of, but he is said now to be recovering. The following not very probable story is going the rounds of the press: 'On the very day, the tale runs, to which the medical prophets in attendance had limited his life, a blunt old granger—also a doctor, after a fashion—called to pay him a farewell visit. After a pathetic interview the country practitioner thought he would take a look at the "gangrene," which was about to terminate his illustrious friend's life. He did so; stared at it, open-mouthed for a moment, and then, with a decisive grunt, and an indignant, thumping oath, roared out, "Nothing but a boil!"' Sure enough, Mr. Hendricks was soon rushing along the highroad to recovery, and the able physicians who were attending him are keeping moderately quiet."—*Medical Counsellor*.

BLOCKLEY HOSPITAL.—The Blockley Hospital, which is another name for the Philadelphia Almshouse Hospital, is being made the subject of a magnificent proposition. It is proposed to remove the healthy paupers to some more distant locality—perhaps in the vicinity of the House of Correction—and to convert the present almshouse into an enormous hospital for clinical purposes. The insane patients, which were recently transferred to the State Hospital at Norristown, are to be "returned to the almshouse wards," as a newspaper expresses it, "not at all for the benefit of the patients, but to make them available for the use of the students of our medical colleges." This is a very pretty little scheme, just as it at present appears, but if our homœopathic fraternity allow it to be consummated except with a proviso recognizing and securing the full and equal rights of all schools of medicine in the new hospital, they have far less back-bone than we have given them credit for. But if anything is to be done it is time we were doing it.

ANSWERS TO CORRESPONDENTS.—Dr. F. hopes we will publish soon, "Dr. Mohr's paper on 'The Differential Diagnosis of Typhoid and Typhomalarial Fevers,' as read at the November meeting of the Philadelphia

County Society." The paper was simply *announced* for the *December* meeting, but was not read at that time. Perhaps Dr. Mohr may yet be induced, when time allows, to prepare it for publication.

Dr. W. asks if we will not publish Dr. Talcott's "Lectures on Insanity," in order that physicians who are unable to hear them delivered may enjoy the benefit to be derived from reading them. In reply we must state that these lectures are Dr. Talcott's private property, and it would be dishonest in us to publish even a stenographic report of them without his consent. When the doctor is ready to have them appear in print he can soon find an eager publisher. But the subject is too voluminous for even a series of journal articles, and the matter has been already subjected to about as much condensation as it will bear.

New Publications.

A PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY. By John C. Draper, M.D., LL.D., Professor of Chemistry in the Medical Department of the University of New York, etc. New York: William Wood & Co. 1882.

This is a handy book of 70 pages, the alternate pages being left blank for the student's use in making notes. Its most advantageous use would of course require a preliminary knowledge of the principles and nomenclature of chemistry. It treats of manipulations requisite to the detection of poisons, inorganic and organic, the examination of water, the study of the various animal fluids, solids, sediments, and calculi. It is a book for the medical student, and ought to sell well. D.

QUIZ COMPENDS, No. 1: QUESTIONS IN ANATOMY. By Samuel O. L. Potter, M.A., M.D., author of *An Index of Comparative Therapeutics*, etc. With 63 illustrations. Philadelphia: P. Blakiston, Son & Co. 1882. Price, \$1.00.

QUIZ COMPENDS, No. 4: A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the use of medical students. By Albert P. Brubaker, Demonstrator of Physiology in the Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co. 1883. Price, \$1.00.

These are convenient little books—can be carried in the pocket—of about 140 pages each. Each is very complete in its scope, and will furnish immense aid to the student in finding out just how much he knows, and how much he don't, of the subjects treated of, and in "brushing up" for a final examination. We have recommended the Compend on Physiology to our class, which shows how much we think of it. D.

BURNETT'S ESSAYS, containing *Ecce Medicus*, *Natrum Muriaticum*, *Gold*, *Causes of Cataract*, *Curability of Cataract*, *Diseases of the Veins*, and *Super-alinity of the Blood*. Published in one volume by Bœricke & Tafel. Philadelphia, 1882.

We have had occasion, as these essays successively appeared, of expressing our appreciation of them, so that nothing remains for us now but to

welcome them in their new and compact form. Every physician should read them, as they are unique, entertaining, and highly instructive.

We are pleased to see that in these days of pilfering there is at least one firm of publishers honest enough to respect the rights of an author, and to remunerate him, even though there is no international copyright to compel such remuneration. F.

FAMILY PRACTICE, OR SIMPLE DIRECTIONS IN HOMOEOPATHIC DOMESTIC MEDICINE. Fourteenth thousand, revised and enlarged. E. Gould & Son, London, 1882.

This domestic physician has much to recommend it. It is small, compact, and yet explicit enough for its purposes. We, however, object to some of its advice. Bell. and merc. sol., with the suggestion that merc. iod. is "sometimes preferable," constitute the proffered treatment of diphtheria. As merc. sol. is seldom, if ever, of the least use in this dreaded disease it is a waste of time to employ it. The same strictures apply to the recommendation of Aconite and Belladonna in the beginning of scarlatina. The former is not indicated and may spoil the case. In the main, however, the little book contains excellent advice. F.

Cleanings.

THE GLANDULÆ PACCHIONI, according to Key and Retzius, are arachnoidal villi, which lie in hollows on either side of the longitudinal sinus. These villi occupy the spaces between the trabeculæ under the dura and bathe freely in the percolating stream of blood. Sub-arachnoidal injections pass through the trabeculæ and enter the stem of these villi, and spread in them as easily as water does in a sponge. The liquid passes from these into the subdural space beyond, which space it fills and renders tense. Thence it flows into the venous sinus and mixes with the blood. (See also Frey, and likewise Quain's *Anatomy*, eighth edition, 1876.)

PATHOLOGY OF GLAUCOMA.—Dr. Spencer Watson (*British Medical Journal*, March 11th, 1882), mentions having observed slight contractions of palmar fascia in glaucomatous cases, and is inclined to think that concurrence of the two conditions may possibly throw light on the pathology of glaucoma. He supposes that an atrophic hardening of the sclerotic coat of the same kind as the shrinking of the palmar fascia, may be the initial stage of the disorder.

SPIRÆA ULMARIA IN ENLARGED PROSTATE.—Dr. J. Baugh (allopathist, we presume,) writes from Hamilton, Canada, to the *Canada Lancet* an account of a case of retention of urine from enlarged prostate, in which, after failing to relieve the sufferer with the hot hip-bath together with a drachm of paregoric and twenty drops of Hoffman's anodyne every half hour, he called an old woman in consultation, in outrageous defiance of both the old and the revised versions of the code, who recommended "Queen of the Meadow tea." It was given, and relief obtained in fifteen minutes. The doctor, *i. e.*, the educated male one, has since discovered that the plant is "diuretic and astringent, since it sometimes causes smarting pain as the urine passes along the urethra." All of which we gather from the *Therapeutic Gazette*.

THE SALIVARY MICROBE.—Pasteur has found a microbe in the saliva of the rabid dog, which, when inserted into the blood of healthy animals, induces hydrophobia. But as this microbe has been found in the saliva of persons who have died from diseases different from hydrophobia, it is called merely "the microbe of the saliva." Usually culture destroys the virulence of microbes. But in the case under notice Pasteur found that the eightieth generation was still poisonous, though the forty-eighth generation of microbes bred from the blood, made virulent by inoculation with saliva, could be used as a vaccine.—*St. Louis Clinical Review*, November, 1882.

TO DETECT SIMULATED MONOCULAR BLINDNESS.—Dr. G. C. Harlan, of Philadelphia, describes a simple test for simulated monocular blindness. Let the patient read fine type near by, through a strong convex lens placed before the good eye, then let him read large type at a distance without removing the glass. If he can read it, it must be with the other eye.—*Etc.*

RELATION OF THE CORPORA STRIATA TO OLFACTION.—Flint denies that the corpora striata have aught to do with the sense of smell, but Mayo has proved that the deep roots of the olfactory nerves come from the striata. Meynert asserts that the gray matter of the olfactory lobes is continuous with that of the inferior district of the corpus callosum, and Wundt declares that the striata have the same relation to the sense of smell that the quadrigemina have to that of vision.

TO PREPARE CHLORINE.—Dr. James Kemble, of Philadelphia, sends us the following method of preparing chlorine fresh and pure, for disinfecting or medicinal purposes, at a minute's notice: R.—Potassæ chloratum, gr. x.; Acid hydrochloric, gtt. x.; Aqua, 5i. Take a dry 1-ounce bottle, put in the Potassa chlorate; then add the acid; cork tightly; let stand three to five minutes; then add the water, and it is ready for use. It must be kept well corked, as it is very volatile and soon loses its strength.

METALLO-THERAPY.—Dr. E. C. Seguin has succeeded in curing hemi-anæsthesia in a hysterical male with a belt of gold plates applied around the calf for ten minutes. In another case, that of a girl, aged 16, suffering with chloro-anæmia, but free from hysteria, except analgesia of the whole left upper extremity and the neurotic white circle about the mouth, gold applied locally for twenty-four hours cured permanently.—*Archives of Medicine*.

GNAPHALUM IN SCIATICA.—Gnaphalium has quickly relieved a case of sciatica in which the pains were intense, and were followed by numbness of the affected leg.—*E. A. Farrington, M.D.*

MERCURY IN SYPHILIS.—In a recent number of the *New York Medical Times*, Dr. Piffard said that the assertion so often made in homœopathic literature, "that the physiological and pathogenetic effects of mercury resemble those of syphilis, is distinctly untrue," and that he "has been unable to find any evidence in support of this view." Dr. Eldridge C. Price, of Baltimore, Md., replies by giving the results obtained by several homœopathic observers, and also quotes the remarks of such allopathists as Troussseau and Pidoux, Graves, Ringer, Stillé, Peck, Wood, Phillips, and others. These observers admit that mercury causes ulcers on the genitals closely resembling the primary sore of syphilis, also cutaneous eruptions and exfoliations, loss of hair and nails, nocturnal bone-pains, lymphatic abscess, otitis, periostitis, mucons discharges, hæmorrhages, œdemas, paralysis, apoplexy, etc. In view of these facts, Dr. Piffard's assertion "that mercury is no more homœopathic to syphilis than castor oil is to constipation," is characterized by Dr. Price as "peculiar."

GAULTHERIA PROCUMBENS IN RHEUMATISM.—The oil of Gaultheria contains 90 per cent. of methyl ether of Salicylic acid. Dr. Francis P.

Kinnicutt has, in twelve cases of rheumatism, substituted the oil of winter-green for the commonly-employed salicyl compounds. He claims that, while it is at least as efficient as the latter, it is preferable because it does not cause toxic effects, and is of very agreeable taste.—(*New York Medical Record*, November 4th, 1882.) Dr. Jeanes proved the *Baccæ Gaultheria*; but our pathogenesis of the plant or of its oil is very meagre. The *Baccæ* are very useful for pain and soreness under the sternum, probably in the triangularis sterni muscle. The original symptom reads: Pain in cartilage of third rib, left side, and afterwards across the sternum; very severe, and continuing for several hours.—EDS.

News, Etc.

DR. A. P. BOWIE, of Uniontown, Pa., has just recovered from an attack of blood-poisoning.

DR. S. W. HICKMAN (homœopathist) is the physician in charge of the Almshouse and Insane Asylum of Fayette County, Penna.

A HOMŒOPATHIC MATERNITY is being organized by a number of Philadelphia ladies, and a charter of incorporation has been already received.

A. T. SHERMAN, M.D. (New York Homœopathic College, '75), has settled in Anoka, Anoka County, Minnesota, as the successor of S. P. Starritt, M.D., deceased.

JOHN H. CLARKE, M.D., of Ipswich, England, has been added to the editorial staff of the *British Journal of Homœopathy*. The doctor wields a vigorous pen, and the readers of the *Journal* are to be congratulated.

SIR THOMAS WATSON, M.D., the author of Watson's *Practice*, died recently in London, of paralysis. He was ninety-one years old, had retained all his mental faculties, and when stricken with the disease said: "This is the beginning of the end."

HOMŒOPATHY IN ENGLAND seems to be passing through deep waters. Dr. Hayward writes us that "Dr. Wm. Bayes died suddenly at Brighton from apoplexy; Dr. Wielobycki is also dead; and Drs. Harris and Hewan are invalided and have left off active work for a time."

NEW HOMŒOPATHIC HOSPITAL IN MINNEAPOLIS.—The Homœopathic Hospital Association, of Minneapolis, Minnesota, has purchased property valued at ten thousand dollars, and will be ready to open a hospital in a few days, the beds and other furniture being already in place.

REMOVALS.—B. F. French, M.D. (Hahn., Phila.), has removed from Indianapolis, Ind., to 53 West 7th Street, Cincinnati, Ohio.

H. C. Aldrich, M.D. (Hahn., Phila., '81), from Charles City to Nashua, Chickasaw County, Iowa.

D. M. Graham, M.D., from Altoona, Pa., to Chicago, Ill.

H. J. Evans, M.D., from Tyrone, Pa., to Altoona, Pa.

THE ALLEGHENY COUNTY SOCIETY, at the annual meeting held December 14th, 1882, elected the following officers for the ensuing year:

President, Dr. R. E. Caruthers; Vice-President, Dr. W. J. Martin; Treasurer, Dr. J. B. McClelland; Secretary, Dr. T. M. Strong; Censors, Drs. L. H. Willard, J. C. Burgher, and Z. T. Miller. The Secretary's address is No. 45 Montgomery Avenue, Allegheny City, Pa.

CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.—This society, at its last annual meeting, chose the following officers to serve for the ensuing year:

President, George C. McDermott, M.D.; Vice-President, S. R. Griser, M.D.; Secretary, B. F. French, M.D.; Treasurer, W. W. Howells, M.D.

The subject for discussion at the next meeting will be a paper by Dr. S. R. Griser, on "The Homœopathic Treatment of Abscesses." The society expects to do some good work during the coming year.

MARYLAND INSTITUTE OF HOMŒOPATHY.—Under this title a new State Society was organized in Baltimore, Md., on November 15th, 1882. A Constitution and By-laws were adopted, and the following officers chosen:

President, Elias C. Price, M.D.; Vice-President, George C. Shower, M.D.; Secretary and Treasurer, O. Edward Janney, M.D.; Historian, Eldridge C. Price, M.D.; Curators, Drs. Flora A. Brewster, A. R. Barrett, and Wm. B. Turner.

It is proposed to hold two regular meetings annually. The first of these will be held in Baltimore on the second Wednesday in May, 1883.

O. EDWARD JANNEY, M.D.,
Secretary.

WARD'S ISLAND HOSPITAL.—During November there were 628 cases treated in this hospital with but 13 deaths, the rate being 2.07 per cent. Among the medical cases treated were 30 of heart diseases, including nearly all descriptions of valvular lesion, 9 of acute muscular, and 2 of acute articular rheumatism, 8 of delirium tremens, 2 of acute croupous pneumonia, 2 of acute pleurisy, 2 of acute bronchitis, and 2 of acute endocarditis. The surgical cases included 2 of acute synovitis, 6 of incised, 4 lacerated and 21 contused wounds, 5 of burns, 3 of fractures, and 5 of cellulitis. In the erysipelas wards were 14 cases with no deaths. This hospital, as all our readers are probably aware, is under the charge of A. P. Williamson, M.D., as chief of the medical and surgical staff.

HOMŒOPATHIC HOSPITAL FOR WOMEN.—Drs. Adele D. Hutchinson and Mary L. Swain, of Minneapolis, Minnesota, have been making a vigorous and successful movement for the establishment of a homœopathic hospital for women. As a general homœopathic hospital is about being opened, the friends of the movement above mentioned will simply have suitable wards therein set apart for their own special work, this being in accordance with their original intention. The movement grew out of the refusal of the allopathic managers of a general meeting, called to start a woman's hospital, to allow homœopathic treatment therein. They were not ready to recognize homœopathy, but were perfectly willing to run their own hospital with homœopathic money. The result of it all is quite gratifying.

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY publishes a table showing the comparative rate of mortality for the year 1881, among the policy-holders in the various prominent life insurance companies of the United States, the figures being taken from the report of the Insurance Commissioner of Massachusetts. The Homœopathic Mutual holds the place of honor in the list, its death-rate being 71 hundredths of one per cent. Only three of the others have a rate of less than one per cent., while the remaining twenty-seven companies score figures varying from 1.03 to 1.85 per cent. The results seem to indicate either greater efficiency in medical treatment, or greater care in the selection of risks, on the part of the fortunate company; most probably both causes have operated to produce this favorable result.

BUREAU OF PEDOLOGY—A. I. H.—The subject for discussion at the next meeting, June, 1883, will be, "The Relationship of Cerebral Distur-

bances to Disorders of the Alimentary System." F. H. Orme, M.D., Atlanta, Georgia, Chairman, will present a paper on the general subject.

The above relationship will be shown in papers under the following titles:

1. Affections of stomach and bowels from irritating substances swallowed, or improper food, reflected upon the nervous system. B. F. Dake, M.D., Pittsburgh, Pa.

2. Irritation of stomach and bowels from parasites, reflected upon the nervous system. L. S. Ordway, M.D., Hot Springs, Ark.

3. Hydrocephalus, congenital and acquired. C. Ormes, M.D., Jamestown, N. Y.

4. Tubercular Meningitis. S. P. Hedges, M.D., Chicago, Ill.

5. Teething as a factor in brain disorders of children. W. A. Edmonds, A.M., M.D., St. Louis, Mo.

6. Psychological conditions affecting the alimentary system. C. T. Canfield, M.D., Chicago, Ill.

7. Traumatism, Concussion, etc., affecting secondarily the alimentary system. W. J. Murrell, M.D., Mobile, Ala.

8. Atmospheric influences affecting the nervous system primarily; the alimentary system secondarily. A. H. Carville, M.D., Somerville, Mass.

IMPORTANT CHANGE IN THE FIRM OF BOERICKE & TAFEL.—We have received the following circulars, which we publish for the interest of our readers:

OFFICE OF BOERICKE & TAFEL,
PHILADELPHIA, 1011 Arch Street.

We beg leave to announce to our many friends and patrons that the co-partnership heretofore existing between F. E. Boericke and A. J. Tafel, under the firm of Boericke & Tafel, having this day expired by limitation, Dr. F. E. Boericke, on account of delicate health and a desire for a more quiet occupation, withdraws from the homœopathic pharmacy business and will confine his labors hereafter to the publishing of homœopathic books, under his own individual name, and for his own account.

The affairs of the late firm will be settled up by their successors in business.

We beg to express our sincere thanks for the many favors shown to us during these many years, and we hope that this good will may be transferred to our successors in business.

Very respectfully, BOERICKE & TAFEL.

January 1st, 1883.

PHILADELPHIA, January 1st, 1883.

Referring to the circular on the other side, we beg leave to announce that A. J. Tafel has associated with himself Frank L. Boericke and Felix A. Boericke, and that they succeed to the homœopathic pharmacy business of Boericke & Tafel, which they will continue under the same style and firm name.

In the long connection of the new proprietors with the homœopathic pharmacy business, and in their many years' experience the public will find a guarantee that they will continue to show the same unremitting zeal and careful attention which characterized their predecessors, and they trust that they will meet with the same encouragement so liberally bestowed on the late firm.

The business will be continued with the same energy, capital, and at the same establishments, as heretofore, at Philadelphia, New York, Baltimore, New Orleans, and Chicago.

Very respectfully,

A. J. TAFEL,
FRANK L. BOERICKE, } BOERICKE & TAFEL.
FELIX A. BOERICKE, }

FIRST ANNIVERSARY OF THE HOMŒOPATHIC LIBRARY ASSOCIATION OF PHILADELPHIA.—The anniversary of this association was held in December. The newly opened rooms at No. 1009 Arch Street were crowded with members and friends of the Society, and addresses were delivered by Drs. A. R. Thomas, and Joseph C. Guernsey. The latter gentleman referred in eloquent terms to the progress made during the year, both as to the increase in the membership and the rapid accumulation of books and periodicals on the shelves. The Directors have arranged a series of monthly Receptions, the first to include a lecture by Rev. Chauncey Giles, D.D., on "Paracelsus," and the second, a lecture on "Comparative Anatomy," by Professor A. R. Thomas, M.D.

The Association has obtained a charter of incorporation and now numbers one hundred and thirty members. Nearly all the homœopathic and a large number of the best allopathic journals are received regularly, and a large number of valuable books are to be found upon the shelves, while the number is rapidly increasing. The Paracelsian Collection of the late Dr. Hering, the largest and most complete in the world, has been purchased, a large proportion of the money has been raised, and the collection is now in the custody of the Library Association. Besides this, Mrs. Dr. Hering, "with a generosity beyond all praise, with a bounty equalled only by that of her husband, who freely bestowed all he had of intellect and skill, of heart and purse, has of her free-will, without money and without price, donated to the Library Association the whole medical library of her late husband."

After the presentation of Dr. Guernsey's address Professor W. Tod Helmut, M.D., of New York, gave some interesting reminiscences of the early days of the Philadelphia College and of those who founded it. He followed with his latest poem, entitled "Humanitas Medici"—by far the best, we think, that he has yet produced. He was warmly applauded. The whole evening was one of great pleasure and was heartily enjoyed by all present.

MARRIED.—WEBB—BUCK.—On December 14th, 1882, in the Cohocksink Presbyterian Church, by Rev. William Greenough, Lanphear W. Webb, M.D., and Miss Jennie V., only daughter of James Buck, Esq., all of Philadelphia.

OBITUARY.

BAYES.—On the evening of December 8th, 1882, William Bayes, M.D., of Brighton, England, died suddenly of apoplexy. He had just returned from London, and a few minutes after leaving the railway station was seized with the attack which terminated his life about three hours later.

Dr. Bayes had for many years exerted a powerful influence on the progress of homœopathy in Great Britain, being among the foremost in all measures looking to the advancement of that system of medicine. He was the author of a small treatise on *Applied Homœopathy* and of numerous contributions to the various homœopathic journals. In the earlier struggles of his adopted cause he wrote also for the general public eye, and did excellent service in securing public favor in its behalf. Of late years he had been very prominent in the discussion of questions relating to the education of English medical students contemplating the practice of homœopathy. While some of his brethren argued in favor of leaving the whole work in the control of the present (allopathic) schools, and others favored a special course in homœopathic materia medica and therapeutics under homœopathic instructors, such as is now in operation in the London School of Homœopathy, he (Dr. Bayes) favored the putting forth of efforts to place the entire work of educating homœopaths in the hands of professors who believed in homœ-

opathy. His loss to the cause of medical science in his own country, and indeed in ours, is a serious one.

STARRITT.—Departed this life, on Wednesday, January 3d, 1883, at Anoka, Minnesota, Simon P. Starritt, M.D. In relation to this sad event we have received the following:

"It is my painful duty to ask you to record the death of Simon P. Starritt, M.D. (Hahnemann, Philadelphia, 1878). You will remember him as the *second prize* man of that year—a modest, industrious, able student.

"After remaining over two years in practice with the writer's father, Dr. W. H. Leonard, of Minneapolis, he removed to Anoka, a town of several thousand inhabitants, situated about twenty miles further up the Mississippi River. Here he worked hard and against much opposition. A little over a year ago he was united in marriage to Miss Elizabeth Murray, of Excelsior, Minnesota. He had already gained the confidence and respect of the community, so that when the recent epidemic of diphtheria swept through the town his services were in great demand. He treated over sixty cases, with a mortality of less than ten per cent. during the last three months of the old year. Too much watching, anxiety, and personal attention to his cases doubtless hastened his own death. He was stricken with a malignant form of the disease, which reached a fatal ending in six days. Clear to the last, and rendered comfortable by tracheotomy, he met his fate calmly, dying as he had said he had always wished to die, 'in the harness.' His last patient was visited December 27th, his last prescription made Sunday evening, December 31st, and at 3 A.M., on Wednesday, January 3d, his noble spirit went up to God in whom he put his trust.

"WILLIAM E. LEONARD."

The following in reference to Dr. Starritt was adopted by the Hahnemann Medical Society, of Hennepin County, Minn., at a meeting held January 5th, 1883:

"Whereas, Death has suddenly taken from our number Dr. Simon P. Starritt, in the midst of an unusually promising career of usefulness, therefore be it

"Resolved, That we, the members of the Hahnemann Medical Society of Hennepin County, deplore the loss of a noble, true-hearted friend, the sudden ending of a life given to self-sacrificing and humane acts, and the closing of a medical career of great promise. We believe that he fell a sacrifice to humanity, since in his self-forgetfulness during the late epidemic of diphtheria in his adopted town (Anoka) he unnecessarily exposed his life in the performance of what he deemed his professional duties. We shall miss his counsels, wise beyond his years, his sound logic, his rare sense of justice, and his uncompromising adherence to the truth as he believed it. We believe that homoeopathy throughout the State will feel this loss, both now and in the future, and that this community will miss a most estimable Christian citizen.

"Resolved, That we extend our sympathies to his bereaved wife and relatives in their loss of a noble loving husband, son and brother.

"Resolved, That a copy of these resolutions be spread on the records of the society, and copied and furnished to the public press, and to the family of the deceased.

(Signed)

"WILLIAM E. LEONARD,

"H. W. BRAZIE,

"J. F. BEAUMONT,

Committee of Resolutions."

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Original Department.

HYDRASTIS CANADENSIS.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Homœopathic Medical Society, of Oneida County.)

NATURAL ORDER.—*Ranunculaceæ*.

COMMON NAMES.—*Golden Seal, Orange Root, Turmeric Root, Ground Raspberry, Yellow Puccoon.*

The Golden Seal is a plant indigenous to North America, but is most abundant west of the Alleghenies. It grows in rich, shaded or damp soil, flowers in May and June, and bears fruit resembling the raspberry.

It contains three alkaloids: (1) Hydrastia, hydrastine, or white alkaloid, a white crystalline substance forming soluble salts, which are, as a rule, uncrystallizable, and of an acrid taste. This, the *true hydrastia*, should be carefully distinguished from the muriate of berberine, which erroneously bears the same name (Johnson). (2) Berberine, a yellow crystalline body. The preparations of berberine, commonly used in practice, are (a) hydrochlorate of berberine, hydrochlorate of hydrastine, muriate of hydrastine, hydrastine—a lemon-yellow crystalline substance, soluble in 500 parts of cold water, almost insoluble in cold alcohol, insoluble in ether and in chloroform. This is the hydrastine of the eclectics. The term *hydrastine alkaloid* is applied to the yellow alkaloid of hydrastis, *berberine* (Johnson). (b) Sulphate of berberine, of orange-yellow color, crystallizing in tufts, quite soluble in cold water, very soluble in boiling water. (3) *Xanthopuccinia*, also yellow and crystalline (Phillips). The *hydrastine* of the pharmacies is a combination of the three alkaloids and an unnamed resin. Being insoluble in cold alcohol and in water, we must employ this in the form of a trituration.

The medicinal properties of the plant are supposed to depend upon berberine and hydrastia. By allopathic authorities the drug is regarded as tonic and diuretic. Bartholow also ranks the yellow alkaloid (berberine) next to quinia as a remedy for intermittents. The "tonic" properties probably reside in the alkaloids; the irritative, in the resin. It is to be regretted that our provings only include the tincture of the root, the powdered root, and the ordinary hydrastine, since the finer shades of distinction between the different ingredients are necessarily lost. While the powdered root would *theoretically* best represent the entire medicinal qualities of the plant, the tincture of the root and its dilutions (with which most of the provings were made) *practically* answer all the requirements for internal administration.

Special Analysis.

Mind.—Depression of spirits, with general languor and aversion to both mental and physical work; less often, cheerfulness and exhilaration of spirits. Absent-minded, cannot remember what he is reading or talking about, which makes him angry and spiteful.

Head.—*Sensorium*: Confusion and feeling as if intoxicated; (b) *Headache*. (1) *Frontal*, with pressure over root of nose, sometimes worse over left eye. (2) *Vertex with dull pressing outward toward ears*. (3) *Temples*, with sharp, stinging or cutting pains sometimes associated with dimness of vision. (4) *Occiput*, aching or dull pain in left occipital region, with pale face, much heat in head and pressing from within outward in region of temporal fossa. Severe neuralgic pain in right side of head, extending from occiput to temple over ear; it undulates or comes and goes. (5) *General Head, constant dull headache, with pain in hypogastrium and small of back, of a dull, aching character*. Headache of a nervous, gastric character, almost constant.

The pains are characteristically dull, pressive, heaviness and fulness, rarely stinging and cutting; are ameliorated by application of the cool hand, by pressure and in the open air; aggravated by any sudden motion or jar, sudden stooping, coughing, sneezing, warmth and in a warm room.

The intimate association of these headaches with symptoms denoting marked derangement of the respiratory and digestive tracts incontestably prove their sympathetic or mechanical origin.

Eyes.—Palpebral mucous membranes much congested, with

discharge of large quantities of thick, white mucus. Profuse lachrymation, with smarting burning of eyes and lids. Agglutination of the lids. Burning in right lachrymal duct (inflammation of its lining membrane).

Ears.—Roaring in ears like cog-wheels, the drumming of a partridge, or like that of machinery, with partial stoppage of the Eustachian tube (hyperemia of its mucous membrane). Pain in right ear, immediately followed by fulness in forehead and pain over left eye. (Catarrhal irritation of middle ear?)

Nose.—Sneezing, with dryness of mucous membrane as when a "cold" is coming on, worse in a warm room, followed by a watery acrid coryza, *which is dry in a warm room and fluent in open air.* There is a stuffed-up, smarting sensation in posterior nares and nasal sinuses, the inspired air feeling cold, with discharge of a thin, clear mucus, accompanied by fulness across bridge and at root of nose; sharp, raw, excoriated feeling in both nostrils, with constant inclination to blow the nose; occasionally epistaxis of fluid or dark blood, as in ozæna; tickling and sensation of a hair in right nostril. Later the discharge changes to thick white or yellowish, and becomes so tenacious that it can be drawn out into strings. Accompaniments are: frontal headache, rawness in throat and hoarseness. Worse in a warm room; better in open air.

Face.—Pale (vide *Skin*). An aphtha on under lip. Small fever-blisters on right corner of lower lip.

Mouth.—Tongue large, taking imprints of the teeth, coated white or with a yellow stripe; dry at root, as if burned or scalded, and later a vesicle forms on the tip. Taste bad in the morning: bitter, flat, peppery; food tastes strangely. Mouth sticky, with excessive secretion of sticky, tenacious mucus from the buccal cavity; aphthæ on mucous membrane of lips and mouth; roof of mouth a short distance back of incisors sore and smooth, as if burnt.

Throat.—Dryness, roughness and soreness, with apparent swelling in uvula and accumulation of mucus around posterior nares, followed by a sticky, tenacious white or yellow secretion. Feeling of a lump in lower pharynx, inducing constant deglutition; at times this lump seems to rise and suffocate him, relieved by drawing a long breath. Upper right pharynx sore; worse from empty swallowing; relieved by swallowing fluids.

Stomach.—Eructations of sour fluid. Cutting, acute, distressing pains, or dull, aching pains in stomach, *causing faintness; faint, sinking sensation at stomach, with long-continued,*

violent palpitation of the heart; dull pain, relieved by belching up wind; actual sinking in over stomach; painless gurgling. These symptoms are frequently worse about 11 A.M., and are often accompanied with NAUSEA. Appetite greatly diminished; desire for bread, tea and eggs, with aversion to meat and vegetables.

Hypochondria.—Sharp pain in hepatic region extending to the shoulder-blade, not constant, but most frequent between 8 A.M. and 2 P.M.; liver enlarged. Cutting pain in left hypochondrium and stomach after dinner; severe, cutting pain in left hypochondrium. Taking the symptoms of the liver in conjunction with those of the stool, skin, pulse, and of the general action upon the mucous membranes, we may safely ascribe them to catarrhal inflammation of the biliary passages causing more or less obstruction to the exit of the bile. The pains in the left hypochondrium point more to flatus than to any specific action upon the spleen.

Abdomen.—Severe, cutting pain in hypogastrium, extending into the testicle, where it is of a dull, aching character, occurring after stool and accompanied by a very faint feeling. Loud rumbling, with dull aching in hypogastrium and small of back. Sharp pain in cæcal region. Burning at umbilicus. (Compare "*Headache*" and "*Stool*.") Dull, dragging pains in both groins, commencing in right, descending to right testicle—sometimes from thence to left testicle and up left spermatic cord; pains on left side noticed more in evening, those on the right side day and night, repeatedly, lasting from one-half to two hours. Pains in groins, as if he had sprained himself, worse from touch, even clothing is uncomfortable.

Stool.—(1) *Diarrhoea.* Light-colored; greenish; yellow-water; mushy, light-colored; acrid; scant. *Before Stool*—Tenesmus; weakness and trembling; griping and cutting pains in bowels. *During Stool*—Tenesmus; griping and cutting continue. *After Stool*—Tenesmus; pains generally relieved, less often severe cutting pain in hypogastrium extending into testicles. Vide "*Abdomen*:" weakness and faint feeling. *Aggravation*—7 A.M. (driving out of bed) to 12 M. Accompaniments: Rumbling and gurgling in abdomen as if diarrhoea were coming on; griping in bowels, with soreness of abdomen, and sometimes with painful feeling over whole body. Flatulency, with cutting, colicky pains, relieved by passing flatus.

The above symptoms picture a mucous flux from the intestines, the catarrhal condition in certain provers having

spread into the biliary passages, as evinced by the light-colored stool. In one prover the drug acted "like a drastic purge," producing the greenish stool. When the bile-duct is more completely obstructed, the stimulating effect of the bile upon peristalsis is lost, and the result is (2) *Constipation*. Stool scanty, with flatus; often, no desire for stool, or sensation as if bowels would move, but nothing but wind passes, with urging to urinate. (3) *Other Peculiarities*.—Stool of natural size, but excoriating the anus as though covered with sand. Natural stool tinged or covered with blood, passed without pain or straining. Natural stool, followed by arterial hæmorrhage lasting about a minute and causing anxiety. The last two symptoms show portal congestion plus poorly nourished capillaries.

Rectum and Anus.—Heavy, pressing distress in rectum. Sensation all day as if hæmorrhage might be repeated, and was, as a consequence, squeezing the sphincter all the time.

Urinary Organs.—Dull, aching sensation in region of kidneys. Urine increased or diminished according to the varied blood-pressure as decided by the greater or less dilatation of the vascular network of the intestines; generally increased and of acid or neutral reaction; odor, strong or decomposed. Has to urinate more frequently; sensation as if bowels would move with the urging, but only wind passes; a little urine often escapes into the urethra when eructating. Tickling in the urethra in the evening. "Wind and water" are here boon companions!

Male Sexual Organs.—After urinating, pain at root of penis. Aching pain in glans penis during and just after stool. Voluptuous itching of scrotum, compelling rubbing, which relieves. The genital organs perspire freely and emit so offensive an odor that everything in the pantaloons pocket partakes of it; under prepuce, the perspiration is excoriating. While lying in bed, sharp, cutting pain from right iliac region into right testicle, leaving parts above Poupart's ligament very sore and tender, with pain extending into root of penis while pressing upon it. Dull aching in the testicles, causing a faint feeling. Vide *Abdomen*. Increased desire for sexual intercourse, with no emission during first and scanty emission during second embrace. Profuse seminal emissions with lascivious dreams.

From the foregoing symptoms of the urinary and genital organs, as well as from analogy and clinical experience, we have every reason for believing that *hydrastis* has the same

action upon the mucous membranes of the ureters, bladder, urethra, vas deferens, vesiculae seminales and ejaculatory ducts as upon those of nose, throat and intestines. True, there is no account of any mucus in the urine; yet in Dr. Burt's proving we find the renal excretion becoming less and less acid from day to day, until it finally reaches the neutral point, while another prover tells us that the urine has a strong or decomposed odor. Whether the drug be excreted through the kidneys, thus becoming a direct irritant, has not yet been demonstrated.

The groin pains above mentioned, the aching in the testicles, the sexual irregularities, etc., are evidently due to a catarrhal condition of the mucous membranes of the vas deferens and its annexes.

Female Sexual Organs.—Irritation of skin and pudendum, compelling one to scratch, which relieves; worse at night. With scanty stool, tenesmus in rectum, with dragged, bruised feeling in ovarian region (note analogy to first symptom under *Abdomen*). Affections active.

Respiratory Organs.—Cough from tickling in larynx, at first dry and harsh, then loose, with mucous (slimy) expectoration, later thick white or yellow, sometimes of a sweetish taste. Difficulty of breathing, with constant desire to take a long breath; rawness, soreness, burning and stinging in chest; spasmodic pain, commencing under right clavicle and extending down to right side of chest and back, preventing laughing; violent, retching pain in lobe of left lung from front through to back, with a congestive sensation, such as precedes bleeding from the lungs (this prover had formerly suffered from pulmonary abscess with hæmorrhage); soreness of chest and upper abdomen felt more while drawing a long breath, with great disposition to stretch the body backwards and arms upward, with yawning; pain as from excoriating under upper part of sternum at every cough, causing dread of coughing; constrictive pressure about the sternum.

Heart.—*Violent and long-continued palpitation of the heart*; worse in the morning. Pulse slow, 56, reaching 52 during slight chill. Vide *Sphere of Action*.

Neck.—Pain in left side of neck to shoulder, relieved by pressure of the hand. Pain in back part of neck to right shoulder with heavy pain in right shoulder. Great soreness and harshness of cervical muscles.

Back.—*Painful, tired feeling across small of back, waist and lower limbs*. Sore pain across small of back and in region of kidneys.

Dull, aching pain across small of back and in knees.

Sensation as if a draught of cold air were being thrown upon the right lumbar region and on right nates.

Slight pain under left scapula all day.

Extremities, Upper.—Muscles of arm sore when moving them.

Aching pain in right shoulder, left elbow and knee joints.

Aching pain in both shoulders (deep in), most severe in left, with pain extending from head to shoulder; stinging pain in right shoulder. Heavy pain in left shoulder.

Sharp, shifting pains first in right arm, above elbow, then in right side of thorax above and about one inch to right of nipple, then down right thigh.

Contusive lameness in elbows and biceps muscles. Aching pain in left elbow with snapping in shoulder-joint when rotating the arm. Sharp, cutting pains in elbows and biceps muscles. "Crick" in right and in phalanges of left hand on awaking at night, quite painful.

Drawing pain from wrist toward elbow on left radial side.

Extremities, Lower.—Weak pains down the legs. Sharp, shifting pain in left leg from middle of thigh down to middle of lower leg. While walking, pain in right hip-joint passing to the knee and disappearing. Rheumatic (?) pains in both thighs, extending later to hip and knee joints, worse when first sitting down after walking. Sharp pain from right hip-joint to knee, making it impossible to stand or bear any weight on the right limb.

Stiffness of the knee-joint, worse ascending. While walking, severe pain in outer part of left knee causing limping with pressure in left shoulder. Aching pain in outer part of left knee, while sitting and walking.

Dull, shooting pain on posterior part of left leg running down to os calcis.

Pain in left foot extending from metatarsus to knee. Troublesome aching in sole of left foot; no relief from change of position.

Extremities, General.—Tired pain in all the limbs.

These pains in the back, neck, extremities, thoracic and abdominal walls are *rheumatoid* but not *rheumatic*; they are closely analogous to those produced by a hard "cold." Vide *Sphere of Action*.

Sleep.—Awakened by backache and dull pains in navel and hypogastrium. Sleepiness during the day. Sleep unusually sound; hard to awaken.

Dreams worrisome, with restless sleep, lascivious, with frequent seminal emissions.

Chill, Fever, Sweat.—Chill morning or evening; chilliness especially in back or thighs, with aching in back and limbs.

Feverish, with moist mouth and tongue and itching in various parts of the body, without visible eruption. Flushes of heat over face, neck and hands, followed by erysipelatoid eruption. (*Vide Skin.*) Great heat of the whole body.

Sweat.—*Vide Male Sexual Organs.*

Skin.—Spasmodic attacks of itching of the skin, especially scalp, without visible eruption. Yellow appearance of the skin, especially around the mouth and neck. Erysipelatoid rash covering the face, neck, palms of the hands, joints of fingers and wrists, with maddening, burning heat, followed by exfoliation of the skin. Mouth, lips and nose very much swollen, pimples made their appearance during the day (second) around the mouth and chin, resembling the early stage of small-pox; next day began vesicating, the pustules sank in the centre and turned black; then commenced drying, went through the various stages of small-pox or varioloid and scaled off on the ninth day. The two preceding symptoms were the effects of the poisoning.

“An eruption of pimples, cone-shape, which on the top look bloody, or as if the skin had been rubbed off; they appear on a deeply inflamed integument, are smarting and itching; cold water or cold applications allay this” (Gilchrist, from an external application of Golden Seal to an ulcer). Hence its value in excoriations.

GENERAL ANALYSIS.

Action on the Vital Power.

The action of hydrastis is remarkable for its slight influence over the cerebro-spinal nervous system, as compared with its great power over the sympathetic. The sensorium, the special senses, the voluntary muscles and the sphincters, the general sensibility and mobility, all escape the *direct* effect of the drug. Indirectly, however, the vegetative system reigns supreme over the functions of animal life, depressing the vital power in the most signal manner. Associated with the congestive headaches is a benumbing of the sensorium; there is a confused feeling in the head as if intoxicated, with impairment of memory, a “can’t think of anything” condition. Languor and weariness, with aching pains in various

parts, attest its influence over mobility, sensibility, and muscular power.

Action on Organic Substance.

Here the drug finds its especial field. The skin assumes that yellowish, sickly appearance so characteristic of malnutrition and cachexia. The secretions and excretions are perverted; there is an alternation of chilliness and heat, sometimes actual fever is present; sweat occurs only upon the scrotum. Eruptions and even ulcers appear upon the skin; the mucous surfaces also exhibit a tendency to erosion and ulceration. In a word, *hydrastis* typifies faulty nutrition.

Sphere of Action.

Through the vegetative nervous system, *hydrastis* acts upon

I. Heart and Vascular System.

II. Mucous Membranes.

III. Skin.

IV. Glandular System.

I. *Circulatory System.*—The imperfect account of the pathogenic effects upon the heart, renders an analysis of the drug's action somewhat complicated. What is the explanation of the slow pulse? There is not the slightest proof of any specific action upon the vagus. That the effects of impaired respiration reacting upon the heart (vide Flint's *Physiology, Influence of Respiration upon the Action of the Heart*) are not the cause is proven by the facts (1) that in Dr. Weaver's proving, the slow pulse appeared without any impairment of respiration, and (2) that the oppressed breathing is not so much the expression of pulmonary obstruction as a call of the general system for more oxygen.

The *violent (forcible)* and *long-continued* palpitation, associated with the sinking sensation at the epigastrium (showing a specific effect upon the solar plexus), would strongly point to a simultaneous irritation of both semilunar and cardiac ganglia, combined with a reflex which throws the vagus off its guard. This effect is evidently *primary*, since we find no mention of the palpitation *after* the second day of the proving. Associated with and explained by this primary action are the various rheumatoid pains before mentioned (vide, *Extremities, General*). Viewed in its light, the occasional exhilaration of spirits, the disturbed sleep, the itching of the skin and the erysipelatoid rash assume an unmistakable meaning.

Following the primary stimulation comes secondary de-

pression of the cardiac ganglia, resulting in such a reduction of cardiac force that the weakened heart is unable to drive the blood through the capillaries with sufficient power to prevent stagnation. Thus the blood dams back upon the debilitated heart, rendering its action so labored that the least variation in blood-pressure, as from slight chilliness (vide *Heart*) gives a marked reduction of the pulse. As a consequence, nutrition is impaired, the free interchange of carbonic acid and oxygen in the tissue is prevented, and the prover has a "constant desire to take a long breath."

To summarize, we may say that the primary action of hydrastis upon the vascular system is that of strong stimulation, which may be carried up to the point of subacute congestion; followed by cardiac debility as a result of the too long-continued excitation. We thus find abundant reason for its laudation as a tonic by the eclectics, since, in moderate doses, the drug exerts a steady stimulating effect, not only upon the heart, but also (through the solar plexus) upon the digestive organs.

Mucous Membranes.—Golden Seal acts upon every mucous membrane in the body; and around this grand centre almost all the other symptoms cluster. Its effect is most marked upon the mucous membranes of the mouth and rectum; least upon those of the ear, œsophagus, and urinary organs. Clinically, however, we find the remedy as indispensable in diseases of the latter as of the former. Again, the pathogenetic effects upon the sexual organs (vide *Special Analysis*), although in some respects quite marked, only serve as a hint which analogy and experience ripen into certainty. In the female provers, the itching of the pudendum is the only symptom suggestive of the clinically well-attested action upon the mucous membranes of the generative passages—a fact easily explained when we notice that all their provings were made with the 30th and not with heroic doses.

The drug first produces an irritative congestion, with its corresponding dryness; then the mucus is increased, becoming clear, white, transparent and tenacious; later it changes to thick white, and finally to thick yellow, green or even bloody, and so tenacious that it can be drawn out into strings. *All these discharges are acrid.*

This primary mucous flux passes on to erosion and ulceration. "Its secondary effects are exhaustion or destruction of the glandular source of the mucus—a condition in which the mucous surface is dry and glazed and its function destroyed.

A muco-purulent or purely purulent discharge marks the ultimate primary action of the hydrastis. A total arrest of secretion from the mucous membranes marks its ultimate secondary effects" (Hale).

Glandular System.—We have already seen how the remedy affects the muciparous glands. It is almost certain, too, that the digestive glands of the stomach and intestines are included in its action. Clinical experience in treating mercurial salivation and cancer also point to a marked power over the salivary and lymphatic glands. Allopathic, eclectic and homœopathic authorities likewise inform us of its virtues in that definite (?) malady, "torpid liver." Far more rational is it to believe that the torpor is compulsory upon catarrh of the biliary passages, to which the bitter taste, the stools, the itching of the skin, the jaundice (clinical) and slow pulse show the remedy to be strictly homœopathic. Upon the spleen we have no proof of any definite action. The kidneys and testicles are not directly affected.

Sensations.

The pains are characteristically *dull, aching*, pressive, con-
tusive soreness, dragging; less often sharp, stinging and cut-
ting. Weakness and languor. Peculiar sensation in back
and nates (vide *Back*). Faintness.

Periodicity.

Most symptoms are aggravated in the morning and fore-
noon.

Peculiarities.

Languor and marked debility with all the symptoms. General aggravation in the morning and forenoon, from warmth and in a warm room; general amelioration in the open air. The acrid, tenacious discharge from the mucous membranes. Slow pulse, induced by chilliness or the least irregularity in the circulation. Slight causes induce faintness. Sinking, faint feeling at stomach, with violent palpitation of heart. Faintness after stool.

Comparisons.

General Action on Mucous Membrane.—Here we find two striking analogues in Ammon. brom. and Kali bich. The Symptomatology of Ammon. brom. is even remarkably similar in its wording. Its action is far less profound than that of hydrastis. The primary irritation and dryness of the

mucous membranes, followed by thick, white, sticky mucus, is the same in both; but its action never goes on to a purulent discharge or erosion. The intestinal tract is but slightly affected, while the urinary and generative passages, so far as the proving shows, are untouched. Kali bich. rivals hydrastis in its power to produce tenacious discharges. The changes in the secretion and the final erosion and ulceration are parallel; but in destructive ulceration, the bichromate far excels, especially in nares, larynx, and trachea. Kali bich. also produces a diphtheritic, false membrane, which is denied to hydrastis. The stringy secretions are mingled with lumpy mucus, as seen in the nasal plugs or clinkers and in the bluish-white lumps from the bronchial tubes; herein rests a practical distinction. *Headache, congestive frontal*—Kali bich. *Merc., Nux, Sulphur.* Kali bich. very similar in its pains and conditions, but preceded by blindness, which wears away as the pain increases. *Merc.* has the feeling of a band around the forehead; fetid breath, salivation, inability to lie on the right side and aggravation at night. *Nux* is distinguished by heat, with aversion to uncovering, characteristic constipation and gastric disturbance. *Sulphur* by its heat on the vertex and burning feet. *Eyes, discharge of thick, white mucus*—*Ammon. brom., Kali bich. Chronic nasal catarrh*—Kali bich. (vide *Practical Application*). *Coryza, dry in the house, fluent in the open air*—Kali bich., *Sulphur.* *Roaring in ears from stoppage of Eustachian tube*—*Rosa dam., Nitric acid, Merc. Flabby tongue*—Kali bich., *Merc., Mag. mur., Sepia. Bronchitis with stringy expectoration*—*Coccus cacti, Kali bich., Sulph. lac.*

Practical Application.

Headaches.—Catarrhal; from digestive disturbances, constipation or effects of Mercury. The roaring in the ears has also suggested its use in headaches induced by quinine; but since the auditory disorder of the two drugs arises from totally different causes, we should be cautious in accepting the suggestion.

Eyes.—Acute catarrhal inflammation, chronic catarrhal conjunctivitis with ulceration, serofulous and gonorrhœal ophthalmia, opacity of cornea; profuse lachrymation with burning and smarting of the eyes; *thick white* (or yellow) *discharge*; agglutination of the lids. Use locally and internally.

Ears.—Tinnitus aurium from catarrh of the middle ear or from stoppage of the Eustachian tube; otorrhœa, with thick, white discharge.

Nose.—Acute catarrh or influenza, with chilliness and flushes of heat, aching in back and limbs; burning in the nose, more the right nostril; sneezing, worse in a warm room; nose stopped-up in the house, fluent in the open air; profuse lachrymation; headache; debility. Chronic catarrh, with fulness at bridge of nose, headache, dropping from posterior nares; thick yellow (even greenish) tenacious discharge, which is sometimes bloody; ozæna, syphilitic or scrofulous, with bloody, purulent discharge; worse in the house, better in the open air. (Use locally and internally.) It will readily be seen that the local symptoms are strikingly analogous to those of Kali bich., from which *Hydrastis* must be carefully differentiated. Kali has more markedly: *Olinkers; smell lost or offensive odor in nose* (hence better indicated in ozæna); *tendency to ulceration of the septum; pressure and pressive pain at root of nose.* In *Hydrastis*, *sneezing in a warm room and irritative smarting in posterior nares* are prominent differentials.

Mouth.—*Stomatitis materna*, follicular (aphthæ), ulceromembranous; sticky mucus in mouth; so profuse that it can be removed in long, tenacious shreds; flat, bitter or peppery taste; tongue feels as if scalded, flabby with white or yellow coating, or dark red appearance with raised papillæ; roof of mouth back of incisors feels as if burnt; debility and general characteristic symptoms. Also after abuse of mercury or chlorate of potash with mercurial salivation. Use locally and internally.

Throat.—Angina, syphilitic or benign, even advancing to ulceration; “bilious sore-throat;” follicular tonsillitis and pharyngitis; diphtheria (as a local palliative). *Sticky, shreddy mucus in fauces;* mucous membrane studded with round, protuberant spots of a red color, as if injected with blood, with aggravation from least exposure to cold; feeling of a lump in lower pharynx, inducing constant deglutition (vide *Special Analysis, Throat*); worse from empty swallowing, relieved by swallowing fluids. Use locally and internally.

Lungs.—Chronic bronchitis of the aged, with profuse, yellow, stringy expectoration and great debility; loss of appetite; febrile paroxysms evenings and night; headache; slight causes induce faintness and slow pulse; faint feeling after stool; constipation (a royal remedy, but imperfectly appreciated). Catarrhal phthisis, to relieve the goneness and emaciation.

Stomach.—Chronic mucous flux, excess of epithelium, chronic gastritis, ulceration of stomach. “It is of special

service when there exists obstinate constipation; large, flabby tongue; dull, frontal headache; feeling of 'goneness' in the stomach not always relieved by eating (sometimes even aggravated); pulsations in pit of stomach; pyrosis; hemorrhoids" (Hempel and Arndt). Vide, also, the excellent indications of Lilienthal. In cancer of the stomach, *Hydrastis* shows a good record; vomits all she eats except milk and water (Hering).

Liver.—"Clinical experience has demonstrated its homœopathicity to torpor of the liver (vide *Glandular System*, p. 75); chronic derangement of the liver; functional disorders of the liver in connection with intermittent fever; catarrhal inflammation of the mucous membrane lining the gall-bladder, biliary ducts, etc.; jaundice, with skin and eyes of a dark greenish-yellow, urine very dark-colored, fæces quite light-colored, and extreme prostration of the whole system" (Hempel and Arndt). In jaundice, associated with gastroduodenal catarrh, the drug has abundantly verified expectation. In this connection, also, I wish to call attention to its usefulness as a preventive of gall-stones, a point which writers upon *hydrastis* have seemingly overlooked. Says Frerichs: "But simple precipitation of the substances above mentioned (the constituents of biliary calculi) is not sufficient for the formation of gall-stones; the precipitates may pass into the intestine along with the other contents of the gall-bladder. For the development of concretions, it is necessary that the precipitates be retained for a long time, and this end is promoted by the occurrence of catarrh of the gall-bladder, as has been justly pointed out by Hein and Meckel." By its power over catarrh of the biliary passages, *Hydrastis* becomes a powerful agent in this much-dreaded malady. Atrophy of the liver with marasmus.

Intestines.—Intestinal catarrh, erosion and ulceration.

Flatulent colic, with faintness.

Rectum and Anus.—Proctitis with or without ulceration. Hemorrhoids, when a light hæmorrhoidal flow causes exhaustion; faintness, exhaustion and physical prostration. "Mucous dysentery," and in the ulceration of the rectum resulting from severe cases of dysentery (locally and internally). Fissure and fistula; "mucous patches" (locally). Prolapsus (locally).

Stool.—Constipation, where this seems to be the cause of all other existing ailments; after stool, faintness and pain in the rectum for hours; lumpy stool, with (or without) mucus; sensation as if bowels would move, but only wind passes, with

urging to urinate. Says Dr. Hughes: "It is a precious remedy, far superior to *nux vomica* usually prescribed. . . . I have used it in the potencies from the first to the sixth decimal; but the second has seemed to me the most satisfactory."

Urinary Organs.—Catarrh and ulceration of the whole urinary tract; cystitis and urethritis, with thick white or yellow, stringy discharge. (Inject infusion.)

Sexual weakness, with groin pains, great debility, headache, backache, with constipation.

Gonorrhœa, subacute or chronic, "when there is a copious thick yellow or green, tenacious, sometimes creamy discharge, without much pain or soreness in the urethra; sensation of goneness after every stool, faintness proceeding from the epigastric region, and constitutional symptoms characteristic of the remedy" (Hempel and Arndt). (Use internally and the infusion or muriate by injection.)

Balanitis (*almost specific as a local application*).

Female Sexual Organs.—Vulvitis, vaginitis, erosion and ulceration of the cervix uteri and vagina, prolapsus uteri; stringy leucorrhœa, also discharge like the white of an egg, setting in immediately after the menstrual flow has ceased (Vide Lilienthal). Use internally and locally.

Pruritus vulvæ, with profuse leucorrhœa and sexual excitement (Muriate glycerole locally): vide *Gonorrhœa*, above.

Tumors.—*Hydrastis* has been quite extensively employed in carcinoma, especially scirrhus and epithelioma, with darting, knife-like pains; but, as Lilienthal justly remarks, it can only act as a regulator of faulty nutrition. Some wonderful results, however, have been reported in cancer of the lip, breast, stomach, and uterus. Dr. Marsden has also cured benign mammary tumor by its persistent use.

Ulcer, after removal of a tumor, with pricking pain on motion (locally and internally).

Eruptions.—Erysipelas of the most obstinate character has been cured by the *external* and internal employment of *hydrastis*, after carefully selected remedies had signally failed.

It has also met with marked success in the treatment of variola, its local application promptly allaying the distressing itching and suppressing the odor (an illustration of the now well-attested antiseptic power of the drug). The indications for internal use are thus summarized by Lilienthal: "Itching, tingling of eruption, face swollen, throat sore, pustules dark, great prostration; buccal cavity full of pustules; pulse slow and labored, with palpitation of the heart; intense aching pain

in small of back; legs feel very weak and ache. It is said to prevent pitting—a claim which is probably well founded—since, by its power to alleviate the itching, it allows the full action of that *best preventive*—“*hands off*.”

Eczema and other skin affections, worse in the house, better in the open air. Hempel and Arndt rightfully observed: “In general affections of the skin, hydrastis may be of service if there is a well-marked depravity of the organism, arising from a vitiated condition of the vegetative system, accompanied by constipation, dyspeptic difficulties, and a tendency of pustules and eruptions to assume a tedious, even malignant form.”

Excoriations and Rhagades.—Often readily yielding to the drug.

“The Glycerole of Hydrastis is used with great advantage in cases of intertrigo, sore nipples, and ulcerated surfaces. While Arnica seems specific for contusions with extravasation, and Calendula for incised and lacerated wounds, even when unhealthy suppuration ensues, the Hydrastis seems the best remedy for chronic ulcers, arising from either of the above causes or from burns, scalds or some disease of the skin” (Hale).

Pruritus ani, dependent upon or associated with excoriations, cracks or fissures (Glycerole locally).

Ulcers.—Of all kinds, but especially the indolent, which so often occur upon the lower part of the leg as an index of weak circulation and faulty nutrition (locally and internally).

Its value in rodent ulcers is thus attested by Phillips: “Quite recently I have treated two cases of ulcer, one upon the nose and the other upon the eyelid. Both were of the type of the true rodent ulcers, so well described by Sir James Paget,—the base of a dingy, reddish-yellow color, dry, glazed and free from granulations, and the discharge but slight. Both were cured by the topical and internal administration of Golden Seal.”

Dr. McLimont of England also claims three cases of lupus successfully treated by its external and internal use.

Intermittent Fever.—Quotidian, with the characteristic symptoms of the drug.

Marasmus.—With actual sinking in over the stomach, and atrophy of the liver (Hering).

General Debility.—Following gastric, bilious or typhoid fevers, spermatorrhœa or sexual excess, or dependent upon old age.

In conclusion, let me express the hope that this analysis of Hydrastis may not only call your attention to the wonderful virtues of a too much neglected *polyphrest*, but may also stimulate you to the analytic study of drugs, *without* which the student of materia medica sees only "confusion worse confounded," but *with* which he beholds the disconnected parts falling into a symmetrical whole and impressing themselves upon his memory for all time.

BORAX IN PSORIASIS.

BY R. J. M'CLATCHEY, M.D.

(Read before the Hahnemann Club of Philadelphia.)

For a number of years I have used Borax quite freely in the cases of "branny tetter" that came under my care. How I came to do this I cannot positively assert, but believe that it came about in this way. Being dissatisfied with the effects of either Arsenic or Phosphorus in the doses that would be in keeping with the ordinary dosage of a homœopathic physician, I was casting about for a remedy that, while comparatively harmless, would yet be capable of curing these troublesome eruptions. In the course of my readings I fell in with Borax, and knew of its common use in furfuraceous conditions of the skin, and consulting the homœopathic *Materia Medica*, I found in the old Jahr's *New Manual*, under Borax, in Noach and Trink's *Clinical Observations*, so very useful, but so often condemned, that Borax was "good for" a disease therein called "Herpes furfuraceus," which I judged to be psoriasis. I am not aware of any other recommendation than this, in homœopathic literature; but on resorting to the clinical experiment myself, I found it to be "good for" psoriasis indeed, curing many cases for me, and as I believe, permanently. Having had a greater experience in the treatment of disease of the skin in the past three years than ever before, I may state that my favorable opinion of Borax in psoriasis has been fully borne out. Many cases, at my clinics at the Children's Homœopathic Hospital and at the Hahnemann Medical College, have yielded promptly and completely to the use of Borax, which has generally been administered in the 6th dilution,—never higher than the 12th, and never lower than the 3d decimal trituration. I was not a little surprised and pleased, therefore, on noting the following in a recent medical journal, by which it would seem that Borax is curative of psoriasis because of its homœopathicity to

it, or that it will produce psoriasis as its similitude, and hence will cure it :

"The following facts show that an eruption of characteristic psoriasis may result from the internal administration of Borax. The facts have been met with in the use of Borax in the treatment of obstinate cases of epilepsy, in which Bromide fails. The first instance was in the case of a man who had taken Borax for nearly two years in doses of first 15 grains and then a scruple three times daily. An eruption of psoriasis made its appearance on his limbs and trunk, developing to a considerable extent in the course of a few weeks. Five ℥ of arsenical solution were added to each dose of Borax, and the eruption rapidly disappeared. Shortly afterwards Dr. Spencer informed me that in his patient the same eruption had just appeared. In this case also the rash rapidly cleared away under the influence of Arsenic, and a few weeks later Dr. Spencer wrote to me, 'I have not the slightest doubt that the Borax caused the psoriasis, or that the Arsenic cured it.' A third instance has lately come under my notice. A young man who had suffered from epilepsy since infancy, and was always rendered worse by Bromide, took Borax, first 15 grains and then a scruple three times a day, with greater benefit than had resulted from any previous treatment, and after eight months an eruption of psoriasis appeared. Arsenic was added, but the result of treatment has not yet been ascertained. The eruption in these cases occurred on the trunk, arms, and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size, up to an inch and a half in diameter. Their appearance was quite characteristic, but the scales were not so thick as they sometimes are in ordinary psoriasis. In no case was there a history of syphilis, and in Dr. Spencer's patient, syphilis could, with certainty, be excluded."

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REMEDIES IN NEURASTHENIA AFFECTING THE LUMBO-SACRAL REGION.

BY E. A. FARRINGTON, M.D.

(Read before the Homœopathic Medical Society of Philadelphia.)

It is quite natural that Neurasthenia should manifest itself in those portions of the nervous system that are the most vulnerable. And since the lumbo-sacral region is less fully supplied with blood than is other parts of the cord, this region is one of the earliest to suffer the consequences of nervous exhaustion.

Another reason why the small of the back is subject to numerous symptoms of disease, is because of its relation to several important organs, as well as to the functions of the lower extremities. Abdominal plethora, with consequent hæmorrhoidal fulness, favors passive congestion of the lower spinal vessels; and a similar vascular relaxation often ac-

companies affections of the female genital organs. Sexual excess very naturally exhausts, first of all, those spinal centres which have to do with the genitals. And long or severe exercise of the legs induces backache and weakness in the lumbar region.

Still another factor in the interesting symptomatology of this region is fatigue from strain; as after lifting heavy loads, after violent gymnastic exercise, etc. The ligaments and muscles are overtaxed, and with them often the spinal cord itself. From this factor arise many symptoms common in scrofulous children, who suffer from spinal curvature. It also accounts for the prevalence of lumbago in persons of a weak nervous system.

Symptoms of the lumbo-sacral region may be considered under various heads, according to the particular nerves affected. The *Filum terminale* ends at the first or second lumbar vertebra; below this point nerves go to the various tissues from the lower part of the gluteal region to the feet. Hence, here is included nervous control of the flexors, and extensors, and abductors, and adductors of the lower limbs, of the anal and vesical sphincters, and of the genitalia.

We will take NUX VOMICA as a typical remedy, and consider others in connection with it.

NUX is eminently suited to backache accompanying abdominal plethora, with piles, constipation and urging to urinate. Pain as if beaten or bruised. Pains worse at night; the patient must sit up in order to turn over from side to side. Back worse at 3 or 4 A.M.

Allopathic physicians hesitate to employ NUX if there is any spinal congestion, since they believe it may cause irreparable mischief (Hammond). But if the universal characteristic of the drug is present, we, who depend solely upon molecular action, can administer the remedy regardless of the status of the bloodvessels.

This universal characteristic is inharmonious action of the various functions of the body.

If we apply this to the symptoms accompanying lumbar neurasthenia, we find: Stiffness of the legs, with tottering gait; trembling of the limbs, with sudden sensation of loss of power. Tension in the calves. Convulsive jerks of the legs. Ineffectual urging to micturition and to defecation, not from atony, but from irregular, incoordinate action, or from spasmodic constriction. If paralysis obtains, it is ever associated with evidences of irritation, such as violent jerks, great

debility, but with over-sensitiveness to external impressions. All this arises from the well-known fact that strychnine increases reflex excitability.

PHOSPHORUS, in many respects, is very similar to Nux. Both increase impressionability; both cause spinal anæmia. But Phosphorus tends to a complete paralysis, Nux generally to an incomplete paralysis, depending upon exhaustion, though both have proved useful in spinal softening.

Phosphorus causes: Nervous sensitiveness with weakness, most severe in the lower portion of the spine in the region of the last lumbar vertebræ and in the sacrum (very common seats of neurasthenia).

Every trifling fatigue, or the carrying of even a light bundle, causes pains in the back. Pain at the union of the sacrum and last vertebra; worse while standing, with numbness of the feet when pressing on the last two lumbar vertebræ. Small of the back weak and as if asleep. Burning also, in small spots; better from rubbing. Back pains as if broken.

Legs feel weak; feel as heavy as lead, with numbness, trembling and coldness. Numbness increased by every exertion. Awkward, stumbling gait, not from clumsiness, but from sheer weakness.

Urination involuntary; passes during coughing or if the inclination is not immediately attended to. A similar weakness of the anal sphincter; stool involuntary the moment fecal matter enters the rectum. Involuntary passages on the least motion, as though the anus stood open.

Sphincter weakness is not a common accompaniment of neurasthenia, but in some cases it exists, and is manifested by slight prolapsus recti during stool, and by some dribbling after micturition. Phosphorus, then, stands as it were on the border-line between spinal weakness and organic spinal disease. Dr. Hammond has observed involuntary urination as a precursor of locomotor ataxia, manifesting the disease long before the appearance of any of the ataxic symptoms. It behooves us to remember this clinical fact, and to strive to cure all sphincter relaxations with the hope that we may be warding off incurable organic lesions.

Dribbling after micturition is found under: Agaricus, Selen., Helon., Graph., Silica, Calc. Carb., Natrum Mur., Picric Acid, Petroleum, Conium, Kali Carb., Cannab. Indica, Arg. Nitr., Staphisagria.

Selenium is suitable to neurasthenia from sexual excess,

with dribbling of prostatic fluid and also of semen, both at stool, the latter also during sleep.

Helonius applies excellently to neurasthenia when the lumbo-sacral region is weak and feels tired. Burning and aching. Warm numbness in the legs; numb feet while sitting. Feels tired all over, but better from motion or when the mind is occupied.

Graphites is neglected in spinal disease. It is applicable to both sexes, to the male with impotence, to the female who, though obese, is really anæmic, with profuse leucorrhœa and weak back, and with delayed, scanty menses. The limbs go to sleep readily, and walking is difficult from muscular weakness. Sudden sinking of strength. Throbbing of the blood-vessels; rush of blood to the chest and head, but not from true plethora. The blood is watery and contains a relative preponderance of white corpuscles. Vertigo to falling, and faintness, in the morning. Spinal anæmia, with pain, mostly noticed in the cervical region, but also noticeable in the lumbar region. The patient is cold from want of animal heat, and suffers from flatulency, as under all the carbons, and also from an herpetic, rough, rhagadic skin; eruptions cozing a sticky moisture.

Natrum Muraticum, in its first effect stimulates the nervous system, causing muscular contractions very much like those induced by galvanism. It also increases the red-corpuscles, glandular secretions, digestion, etc. It is from this stimulating action that salt is so effective when applied locally with friction to weak muscles, etc. Later, however, *Natrum Mur.* exhausts the nerves, diminishes glandular activity, and develops asthenia and anæmia with emaciation. The skin is dry, harsh and sallow; mucous membranes are dry, cracked and glazed, with smarting and rawness, or with scanty, corroding discharges. Great complaints are made that the mouth is dry, when in reality the annoyance arises from the stickiness of the secretions; they are not normally fluid.

Now, from this atonic effect of salt, we observe spinal neurasthenia. The small of the back feels paralyzed, especially in the morning, on arising. Back feels as if broken. Legs weak, trembling; worse in the morning. Feet heavy as lead. With all this, it may readily occur that the bladder becomes weak: troublesome dribbling of urine after a normal stool. And we may admit this vesical symptom as a concomitant of spinal weakness, even though the prover had no such association, because such a combination is quite in keep-

ing with the genius of the remedy. We may regard both spinal and cystic atony as a part of a general tendency in salt to produce exhaustion, hence not as a symptom of paralysis, but rather of neurasthenia.

Picric Acid.—Is a new claimant for recognition in spinal affections. Studied in its relation to the localities we are considering we find that it causes: heavy, dull pain in the small of the back; aching, extending into the legs; dragging sensation; tiredness; weak feeling in lumbar and sacral regions, with excessive languor. Then, too, the legs are weak and heavy.

The prover who recorded dribbling of urine after micturition, suffered from a general tiredness from the least exertion; the mind was dull, so that he could read but little; mental work prostrated him. He suffered from occipital headache, throbbing in the cerebellum. In fact nearly all his head symptoms were occipital. He refers to morning erection, recurring on four successive days. His symptoms, then, are just what we would expect from congestion of the spine; and they constitute a group worthy of consideration in the precursory stage of locomotor ataxia to which Dr. Hammond refers. The tendency of the Picric Acid disease is rather to softening than to sclerosis. But if, as Dr. Hammond surmises, the involuntary micturition which precedes tabes is due to congestion, why should not Picric Acid act in such a contingency?

PULSATILLA is neglected in neurasthenia of men. It causes sensation in the back as if it was tightly bandaged—a very characteristic symptom, which may be mistaken for the girdle of myelitis. It means simply an irritation of the posterior nerves, not inflammation. There is, too, in the *Pulsatilla* case, a peculiar sensation, aptly compared to a sense of subcutaneous ulceration. It is a sort of smarting.

Accompanying the backache is a general fatigue with heavy, tired aching, not relieved by repose. The patient feels weary in the morning, vying with *Nux*. Such a condition of the nervous system may be produced by dyspepsia, or by excess in venery.

The general condition of the patient is one of relaxation, with poor blood, defective animal heat and diminished motility. *Pulsatilla*, in large doses, at first excites the heart and circulation and then weakens the cardiac walls and relaxes the veins. Engorgements and varicosities follow; and hence the patient, despite his chilliness, is oppressed in a warm room. Autopsies on poisoned animals showed hyperæmia of the

spinal meninges—not an active congestion but a passive fullness of lax vessels. Hence arise numbness, crawling, going to sleep of the limbs, feeble heart's action, etc.

As a "venous remedy," Pulsatilla is nearly related to Hamamelis—a drug much abused by the laity and much neglected by the profession. It causes dull backache, weakness of the limbs, with going to sleep of various parts of the body, and great languor. Seminal emissions give rise to dull pains in the loins and increase the weariness. If there are present, enlarged veins or soreness in the course of the bloodvessels, the choice of Hamamelis is certain.

SEPIA is another drug resembling Pulsatilla. It relaxes the tissues and favors stases. The patient complains of aching in the lumbar region. Sense of subcutaneous ulceration. Soreness and pain in the sacral region. Dull heavy aching from sacrum to thighs. Weakness in the small of the back. Limbs go to sleep. Numbness after manual labor (like Phosphorus). Sensation as if drops came from the bladder after urinating. Atony of rectum and bladder, urging even for papescent stool; urine is tardy in beginning to flow.

And here we may mention SULPHUR, which has caused paraplegia from spinal congestion. It produces violent bruised pain in the small of the back, down to the coccyx; weakness; formication; legs weak, numb, paralytic. Sudden violent jerks of the limbs as the patient falls off to sleep—a symptom of organic spinal affections, but also present in so called functional disease. Abdominal plethora, hæmorrhoids, etc., very much like Nux and Sepia.

But in pure nervous weakness, we may expect good results from such remedies as the following:

DIOSCOREA, excellent when weak back and weak knees follow seminal loss. Calcarea follows well. And KOBALT is a good substitute if the backache is markedly worse while the patient is sitting.

Nymphœa Odorata claims attention for weak lumbar region with weak bladder and weak legs.

ZINC has backache worse when sitting and from long walks. Legs weak, trembling; hungry at 11 A.M., with increase of spinal weakness. Small of the back weak while walking. Muscular twitchings. Wine increases the pains and the nervous weakness. Violent pain in the small of the back when walking, steadily relieved by continuing to walk. Drawing in the back.

Æsculus Glabra and *ÆSCULUS HIPPOCASTANUM*, both cause

paralytic weakness. The latter induces hyperæmia, with numbness, prickling, tingling, great sacro-lumbar pain; and especially a paralytic weakness of the symphyses, making locomotion difficult or impossible. It may be that the *Æsculus* patient must display also irritation of the mucous membranes, catarrh, gastric disturbances and symptoms of pills. But nervous symptoms, in Dr. Burt's provings at least, were the first to appear.

This symptom of the symphysis calls to mind a much profounder remedy than *Æsculus*. We refer to *Argentum Nitricum*. Silver impresses the nervous system most profoundly. At first, it irritates the sensory nerves and increases reflex excitability somewhat like strychnia; but soon parietic symptoms appear, characterized by vertigo, unsteady gait, trembling, headache, etc. His legs feel weak as after a long journey. The legs jerk during sleep. Pains in the small of the back, relieved when standing or walking. The lumbar region feels rigid, as if put on the stretch; paralytic heaviness. Sacral region so painful that blowing or sneezing makes him start. Backache on rising but not on walking. Symphyses weak, loose, as if they would give way.

Incoordination is present, even in non-tabetic cases. In a restless, nervous state, he fails to judge of distances, and dodges projecting signs, etc. This is due in part also to the dizziness, which is constant. He staggers in the dark or when the eyes are closed. He is depressed in mind, gloomy, even to thoughts of suicide. He suffers from dull frontal headache, with nausea, irritations and burning in the stomach, with great prostration and restlessness. The heart beats irregularly, with a faint feeling in the præcordia. Emotions increase the palpitation.

In other cases, somewhat akin to those suggesting silver, *ARSENIC* is the remedy. We must not neglect Arsenic in neuroses. Its irritating effects are noticed in nervous as well as in other tissues. There are loss of strength in the small of the back; pain as if bruised; aching. Starting of the limbs when falling asleep. Legs uneasy, he cannot lie still, reminding us of the fidgetiness of Zinc. Legs weak. Feet feel fuzzy, numb and cold. Distressing general weakness, disproportionately severe. Arsenic affects especially the lower portion of the spine.

This fuzziness suggests another drug, *ALUMINA*. Pain through the lower vertebræ as from the thrust of a hot iron. Bruised pain. Legs heavy, he can scarcely drag them; when

walking he staggers. Nates go to sleep while sitting. Tension in legs. Numbness of the heel on stepping upon the foot. Heaviness of the feet. Soles pain, when stepping upon them, as though they were soft and swollen.

Rectum inactive as if paralyzed. Urine passes when urging to stool—a very unphysiological condition, but very characteristic of the remedy.

Bönninghausen cured several cases of undoubted locomotor ataxia with Aluminium. But the drug is also applicable to neurasthenia. Dr. T. F. Allen records cures with Alumina. His patients were tired, drowsy, with unconquerable disposition to lie down. Impaired co-ordination. Loss of contractile power of the bowel, with lack of secretion and tendency to rupture of the hæmorrhoidal vessels. Weak bladder. Fulminatory pains. Sudden jerks and starts from sleep.

COCULUS INDICUS causes paralytic pain in the small of the back, with spasmodic drawing across the hips, preventing walking. Knees sink under him from weakness. The soles of the feet go to sleep while he sits, with sticking as from pins. Attacks of paralytic weakness, with pains in the back.

There is in Cocculus a peculiar combination of convulsive irritability with paralytic weakness, eminently qualifying the remedy for neurasthenia. Like Strychnine, its active principle Picrotoxine, causes tetanic spasms. But respiration is accelerated by the latter, not from spasm of the respiratory muscles only, but by spasm of the glottis; and there is not the same over-susceptibility to touch in the two poisons. In the Cocculus, spasms tend more directly to paralysis than in Strychnine; and we observe a speedily developed relaxation of tissues as shown in the empty, gone feeling in all the splanchnic cavities.

We find the Cocculus needed, then, when any loss of sleep, any drain on the mental powers, or any loss of fluids, leads to speedy nervous exhaustion, combined with irritability. Thus, though sleepy, he is so nervous and weak he cannot calm his brain. Though very tired, he is too restless to keep still.

GELSEMIUM is a priceless boon, the introduction of which is mainly due to the provings made by Dr. J. C. Morgan.

It causes dull pain in the lumbar and sacral regions. Weak back. Loss of muscular control, ending in complete motor paralysis. Every little exertion causes fatigue of the legs, with muscular soreness. The patient is languid, listless, drowsy.

In protracted sleeplessness from nervous exhaustion, it disputes the honors with Cocculus.

The various preparations of Peruvian Bark, though almost universally abused, nevertheless are of inestimable value in anæmia with spinal irritation or exhaustion. No remedy equals CHINA in weak back from loss of animal fluids, especially in rapid or excessive loss. With the weakness are usually evidences of over-sensitiveness; excessive tenderness of the surface, making the least touch unendurable; senses morbidly acute; restless and fidgety despite the tiredness and exhaustion.

Chininum Arsenicosum caused: a pressure in the "solar plexus" (usually felt only after eating tough meat or hard nuts, of which, however, the prover had not eaten) extending to the back, where it changed to a pinching sensation; spine painfully sensitive to touch at this point. Heart as if it had stopped; no perception of its beating. Legs weary.

This "solar pressure" compares with the well-known CHINA pressure, and seems like a genuine symptom. The weak heart is a very common accompaniment of neurasthenia.

Cinchoninum Sulphuricum acts very much like Chininum Sulphuricum. Both seem to cause more sensitiveness of the upper than of the lower portion of the spine. But both endure bruised soreness and weakness of the legs.

Chininum Sulphuricum, according to the confirmed provings of Otto Piper, causes an excellent picture of neurasthenia: Despondency. Aversion to mental labor. Mental confusion. Lustreless eyes; dim vision; sensitive to the glare of light. Noises in the ears. Sickly expression. Oppression of the epigastrium from flatus; abdomen distended. Difficult stool from inertia. Urine contained phosphates. Sexual depression. Oppression of the chest with tenderness of third dorsal vertebra. Sticking in the apex of the heart. Sensitiveness of the last cervical and first dorsal vertebræ; dorsal most sensitive during the chill. Limbs weak, feel bruised, feel numb and trembling on slight exertion. Sensation during stool as if drops of fluid passed from right hand to shoulder. Emaciation. Weak and dull after a siesta. Excessive general sensitiveness of the body. Sleep unrefreshing. Sleepless. Chill, with tender dorsal spine. Heat of the face.

The only evidence that the drug causes sensitiveness of the lumbar vertebræ is contained in the remark by the prover that during chill the dorsal vertebræ are more sensitive than either the cervical or the lumbar.

Finally, the sort of pain experienced is sometimes of importance. The pains of neurasthenia simulate those of ataxia, but

are transient, usually less severe, and referred to the lumbosacral region only. *IPOMŒA* helps, especially when they provoke nausea; *SULPHUR* when there are transverse stitches; *Natrum Mur.* with cutting through the back; *Zinc*, cutting down into the legs; *SEPIA*, pains go around like *Pulsatilla*, *Berberis*, etc., or down the thighs; *GELSEMIUM* when there is severe pain extending into the hips. Bruised sensation is common to nearly all. Tension is marked in *Zinc*, *NUX*, *SULPHUR*, *Natrum Mur.* and *Valerian*; while sensation of a band is very characteristic of *Pulsatilla*.

The lumbar spine is sensitive in *PHOSPHORUS*, *AGARICUS*, *Bryonia*, *Lycopod.*, *PULSATILLA*, *Sepia*, *Arsenic*, *Alumina*.

Those who suffer from lumbar weakness should avoid tea, as it tends to increase the disease.

ROUTINISM.

BY E. FORNIAS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society, January, 1883.)

ROUTINE is any regular course of action or practice rigidly adhered to from mere force of habit. Its approach is so insidious and slow, that we become its prey almost imperceptibly. It has its pretension, and, like all fixed customs, finds many excuses for its existence; but still it often lies concealed from its victim. We see every day, routinists denying that they are such. To no branch of human knowledge is routine more detrimental than to medicine. It leads to neglect, oversight, inaction, skepticism, and, what is worse yet, to failure. It is a gnawing insect, which destroys the foundation of our knowledge and thus deprives us of the power of discrimination.

One who pursues a general course of treatment, without individualizing his cases, does not deserve to be counted among the followers of Hahnemann. He is using borrowed garments, which do not become him at all. He may occasionally hit the similitum, or do a certain amount of good, assisted by the "*vis medicatrix naturæ*," and the application of hygienic measures, but he will work under many disadvantages, and fall by degrees into the ranks of the opponents.

One of the causes of this iniquitous and unjustified practice, is the rudimentary or incomplete knowledge of drugs many possess. We could sum up in a few pages the *Materia Medica* of routinists. But the sad aspect of the question appears not only in their deficiencies, but also in their limited armamenta-

rium, which is often strengthened (?) by the massive doses of extraneous origin; such as Bromide of Potassium, Chloral hydrate, Morphine, Pilocarpine, Salicin, and others to which they resort to help them in their ignominious scantiness.

In such ways has this marvellous superstructure of learning, industry and self-sacrifice, homœopathy, been belittled and abused, by men who seem to forget that we should treat our cases symptomatically, and that we do not care for "nosological prefixes" applied to the given type of each and every group of observed conditions supposed to be alike. These prefixes indicate a mere arbitrary classification for the sake of convenience, as no two cases of a given type can be identical, and consequently nosology is only of use for descriptive purposes. To prove that in the old school diseases are arbitrarily grouped without due consideration of the fact that practically no two cases exactly follow any given type, we have but to compare clinical cases with the descriptions of disease that books give. We will find only slight resemblances among the symptoms decidedly pathognomonic. The treatment is unfortunately adapted chiefly to the particular type, and the allopathist accepts it for all the cases comprised under the same group without regard to the differences which each individual case may present. It is an ideal treatment then, not an individualization. In this way he does not deal with the patient but with the morbid group to which the disease belongs, taking for fixed and invariable forms those which are often mutable.

There cannot be a thorough understanding of the successful application of our remedies without at least a fair knowledge of their pathogenesis; of the manner in which drugs or disease-forces produce the peculiar trains of symptoms by which they are distinguished; of their characteristic peculiarities; of their comparative therapeutic value; and finally, of their relationships as concordants, discordants, complementaries, inimicals, or antidotes. Provided with such knowledge, our resources are multiplied and we become accurate prescribers.

Of course I do not wish to be understood that these are the only acquirements we as homœopathic physicians need. I am only speaking of *Materia Medica*.

Essential as is the study and knowledge of general pathogenesis, I will not stop to consider its importance, but will endeavor to illustrate, by a few examples, the other desiderata.

I begin with the mode of action of drugs, and take *Aconite* as an illustration.

Aconite.—Can we afford to ignore the fact that the *asthenia*

which this drug typifies is due to the vascular and nervous excitement attending the approach of acute inflammations? That the terrible anxiety and restlessness, which so unerringly mark its fever, are not the primary results from any direct attack on the brain, but belong to the mental agony incident to violent disturbance in the circulation and its central regulator, the heart? That the subsidence of these abnormal sensations is indicative either of cure, or of organic localization, and that in the latter case, as Aconite does not produce localized disease, it ceases then to be the remedy, and other drugs are required, such as Bryonia (in pleurisy), Phosphorus (in pneumonia)? That in selecting Aconite, especial regard must always be paid to the symptoms of the mind and disposition; such as restlessness, anxiety and uneasiness of mind and body, causing tossing and sighing and frequent change of position; forebodings, anticipations of evil, anguish of mind, fear of death, even predicting the distinct time of its occurrence? That like the sensorium the susceptibility of the special senses is greatly magnified, and that this perhaps is due also to the exalted activity on the arterial circulation? That the action of Aconite on the vital forces is of such a nature that while the nerves of sensation are more or less benumbed (by large doses), the voluntary and involuntary muscles and the power of locomotion are but little affected? That it hardly produces any appreciable effect upon the organic substance, scarcely any changes in the tissues, or in the fluids of the body? That it does not impair the quality of the blood, and therefore has no tendency to product-formation, and consequently is not suitable to toxæmic conditions, such as typhus, typhoid, or scarlet fevers? That it does not produce periodicity at all, hence it is irrelevant to intermittents? That the fever for which Aconite is the remedy is the true synocha or simple inflammatory, in which the blood is not altered, but only disturbed; with its manifest phenomena, increased thermogenesis; hard, bounding pulse; great thirst, and abnormal sensations and disposition? That it is in virtue of its power of setting up the essential phenomena of this fever that it cures it? That it is a censurable practice to select Aconite by the mere presence of fever, when there are many other remedies that produce it and may better meet the totality of the symptoms? That two remedies can never be indicated at the same time, and consequently to give Aconite to meet the fever, alternate with another remedy to act on the local trouble, is unscientific and reprehensible? And finally, that by the magical effect of this drug upon the para-

lyzed vaso-motor nerves, which in health control the calibre of the vessels, the arterioles regain their normal state of elasticity, the engorgement is removed, the heart is quieted and the sanguineous torrent is gradually brought to its wonted course, pulse and respiration are lessened, and the skin is enabled to perform its healthy functions?

Let us take, now, characteristic peculiarities. Who can deny their importance? How often do we become masters of the situation by possessing ourselves of those symptoms which constitute the distinctive feature or leading expression of a drug? How often feverish, nervous restlessness, with fear of approaching death, makes us think of *Aconite*. Take a similar condition, but with rapid emaciation, and a thirst which calls frequently for small quantities of water, and *Arsenicum* insinuates itself. Let the brain be involved and a wild delirium attend its operations, can we help but think of *Bellad.*, *Stram.*, *Hyoscyamus*—the first when there is marked active congestion of the whole encephalic mass, the second when there is intense maniacal excitement, but not so much congestion, and the third when the functional excitement is moderate with little or no determination of blood? Let the condition be one of stupor and we have: *Opium*, when the stupor is profound and there is stertorous breathing, open mouth, and depressed lower jaw; *Arnica*, if the patient lies as if stunned, with open eyes; *Helleborus*, if the unconsciousness is complete; *Hyoscyamus* and *Phosph. acid*, if the patient sinks into apathy and stupefaction, as if sensibility and intelligence were totally suspended, etc. Take pain as the characteristic expression of a drug, and aggravation by motion makes us think of *Bryonia*; by repose, of *Rhus tox.*; by shifting rapidly from place to place, *Pulsatilla*; if worse at night and from the warmth of the bed, of *Mercurius*; if the pain rapidly appears and disappears, of *Belladonna*, etc. Take the dispositions of patients, and if they are mild, yielding, tearful, wanting consolation, we are reminded of *Pulsatilla*; when changeable, from laughing to grief, or silent, secretive, introspective, of *Ignatia*; when demonstrative or obtrusive, and dictatorial and haughty, of *Platina*; when jealous, suspicious, obscene, of *Hyoscyamus*; when quarrelsome, ill-humored, fault-finding, and irritable, of *Nuxvomica*; when easily displeased, abusive, tearful, and susceptible, of *Palladium*; when exceedingly irritable and inclined to be angry, of *Chamomilla* or *Bryonia*, etc.

Turn to the comparative therapeutic value of drugs and see what a rich harvest of practical hints we gather from it. Let

us for instance differentiate between the several salts of Mercury, and what do we find? First, that none (with the exception of *Cyanuret*) produce rapid prostration; that the *Iodatus flavus* is indicated in diphtheritic sore throat, when the membrane is worse on the right side and the tongue is always covered with a thick yellow coating on its base, while the *Iodatus ruber* affects more the left side and has not so well defined the yellow base of tongue. Such conditions necessarily remind us also of *Lachesis* or *Lycopodium*; the former when the trouble commences on the left side and there is a tendency to spread to the right, the latter when it spreads from the right side to the left. Take the same group in Dysentery, and *Merc. corr.*, on account of its rapid and penetrating action, will be preferred; but here, as elsewhere, we must again differentiate, as this remedy is indicated when the ineffectual urgings to stool come very frequently, and the tenesmus is so persistent after them that it seems to have no end. But should the pains and tenesmus moderate or cease with the stools, we have to study *Nux vomica*, *Trombidium*, or even *Sulphur*, which has both symptoms. If we compare *Mercury* with other drugs in suppuration, we find that it is indicated after pus has formed. It is preceded by *Belladonna*, when the parts become painful, red, inflamed and there is a tendency to point. *Hepar* either follows *Belladonna*, to disperse the swelling which the latter had no power to subdue, or *Mercurius* follows when this is insufficient to arrest the suppuration. Sometimes healing delays, lingering from day to day and neither *Hepar* nor *Mercurius* can control the suppurative process, which by its long duration or excess is causing a great deal of mischief. In such cases, *Silica* will be called for. The character and amount of the discharges are additional indications. During the continuation of either of these remedies the parts may threaten to become gangrenous, and *Arsenic* and *Lachesis* may be required; or they may become erysipelatous, calling again for *Belladonna* or *Apis*; or the disease may become chronic with a tendency to ulceration after the evacuation of the pus, indicating *Sulphur*, especially when dependent upon a scrofulous diathesis.

Finally, I refer to a few examples of the relationships of drugs. Drugs are related to each other either by similarity of action, concordance, discordance, complement, antagonism, or as antidotes.

Similarity can only be partial, and so we find in their study resemblances and differences, and these are often the elements of our decision in selecting or rejecting them.

Take *Cyclamen* and *Pulsatilla*, which are so nearly akin to each other in physiological effects, and which still have marked differences in certain spheres. For instance, the menses of *Pulsatilla* are scanty and retarded, while those of *Cyclamen* are too profuse and anticipate.

When a drug follows another well, there must necessarily be a certain degree of correspondence or harmony between them, and such a state of harmony is called concordance. For instance, *Aconite* and *Mercury* are concordants in dysentery, in which the latter follows the former well. Concordance also exists between *Sulph. acid* and *Arnica*, *Mur. acid* and *Rhus* or *Bryonia*, *Spongia* and *Aconite* or *Hepar*, etc. But when drugs do not follow each other well, as is the case with *Mercury* and *Silica*, or with *Apis* and *Rhus t.*, there must be discordance or want of harmony. The disagreement may amount to antagonism, as when they act in opposition to each other. Such drugs have been called inimicals; as, *Nit. acid* and *Laches.*, *Cinchona* and *Selenium*, *Amm. carb.* and *Laches.*, *Phos.* and *Caustic.* Drugs which remove remaining symptoms are called complementary; as, *Rhus* and *Bryonia*, *Puls.* and *Lycop.*, *Phosph.* and *Cepa*, *Phosph.* and *Ars.*, *Nux v.* and *Sulph.*, *Nat. mur.* and *Apis*, *Lycop.* and *Iodum*. But drugs go still further, neutralizing the effects of those given before them, when they are called antidotes; as, *Camph.* and *Cantharis*.

A drug may be at the same time complementary and antidotal; as is the case with *Pulsatilla* when given after *Sulph. acid*.

Without such analytical study as this to which I have referred, our knowledge of *Materia Medica* will be very general, and failure will often meet us in our professional career.

Miscellaneous Contributions.

ON THE CONVALLARIA MAJALIS.

A NEW REMEDY FOR HEART DISEASE.

BY E. P. HURD, M.D., IN THE NEW YORK MEDICAL RECORD.

CONVALLARIA MAJALIS, commonly known as "Lily of the Valley," is a native of this country, being a garden flower of singular beauty and fragrance; also growing wild in almost all parts of the United States. Not much medicinal virtue has been attributed to it, although from time immemorial the peasants of Western Europe, where also it is native, have regarded it as a

certain remedy for dropsy. In 1880, two Russian doctors, Troitzky and Bojojawlensky, published in the *Wratsch* the results of several interesting experiments with the *Convallaria* in heart affections attended with dropsy, and the statements of the Russian doctors were confirmed by Professor Botkin, of St. Petersburg.

Professor Germain Sée, of Hotel Dieu, Paris, has recently been experimenting with the *Convallaria majalis*, first on animals to determine its physiological and toxic properties, and then on man, selecting for his subjects patients in the hospital suffering from well-marked forms of heart disease. The result of his experiments and observations are published in the *Bulletin Général de Thérapeutique*, for July 30th, 1882.

The subject is so interesting and so important that I have reproduced portions of Professor Sée's article. In common with other physicians, I have long felt the need of some reliable substitute for *Digitalis* in affections of the heart, characterized by enfeeblement of the circulation and asystolism. We ring the changes on the preparations of *Digitalis* till we cease to see any good result from the medicament; we resort to "Cactus," "Coca," "Caffeine," and "*Cereus bonplandii*," without success. If the "Lily of the Valley" will give us any help where *Digitalis* fails, we shall joyfully welcome the new remedy.

1. *Active Principle*.—The active principle is an amorphous bitter glucoside, called *Convallaramin*, obtained by treating the aqueous extract of the flowers by Alcohol and Chloroform. *Convallaramin* is comparable to *Digitaline* in activity, though differing in effects from *Digitaline*.

2. *Preparations*.—The best preparations are the extracts, which are thus classed by Professor Sée in their order of merit: (1) The aqueous extract of the leaves. This is rather more reliable though less strong than (2) the aqueous extract of the flowers. (3) The extract of the whole plant, root, leaves, and flowers. The watery infusion of the leaves or flowers is a good form in which to prescribe the *Convallaria* for cardiac patients.

3. *Experiments on Animals*.—A drop of the extract of the flowers, brought in contact with the naked heart of the frog, arrests the action of that organ in about two minutes. The same result is obtained when the medicament is introduced under the skin. The *Convallaria* is then a poison which, like *Digitalis*, *Upas antiar*, *Erythrophleum*, arrests the heart in systole. In the case of the dog, four drops of the extract, in-

jected into a vein, causes death in ten minutes by arrest of the heart. The heart is first slowed, and the respirations quickened; then the heart's action becomes irregular, and the pulsations become faint and very rapid; the blood-pressure first augments and then is lowered, the respirations become slower and slower, the heart's action ceases, pressure falling to zero, and the respiratory movements cease in their turn. The excitomotor power of the nerves and nerve-centres is unaffected. The excitability of the pneumogastric is weakened, not destroyed. No diuretic effects were observed in the dog.

4. *Clinical Observations.*—Professor Sée reports twenty cases, occurring in hospital and city practice, in which the effects of the *Convallaria* were noted. Five were cases of mitral insufficiency, characterized by want of rhythm ("arythmie"), œdema of the limbs, dyspnoea, inability to ascend stairs, asystolism more or less pronounced. The extract of *Convallaria majalis* was given in doses of one-half gram (in some cases, increased to one gram) daily, and to these five patients, with marked benefit. The heart's action became stronger and more regular, the breathing became better, there was a notable increase in the urine, and the condition generally of the patient was improved. In all these cases the œdema of the limbs disappeared under the use of the medicine. The sixth case was one of mitral constriction, which was immediately benefited. There was a speedy improvement in the pulse, with increase of urine and decrease, finally disappearance, of the œdema. Two cases of "primitive dilatation of the heart" were treated successfully with half gram doses daily of the extract. Several cases of aortic insufficiency were relieved of the more distressing symptoms by the same remedy. In three cases only of the twenty was the medicine given without success. One was complicated with lead poisoning; another was too far advanced for any remedy to take effect; the third was a case of atheromatous disease of the heart, aorta, and arteries, with interstitial nephritis; there was in this patient an amelioration for a few days, but the amelioration was not persistent.

Dr. Sée's conclusions are as follows:

First.—The *Convallaria majalis* constitutes one of the most important cardiac remedies which we possess.

Second.—In the form of the aqueous extract of the entire plant (which is a very convenient way of giving the medicine), administered in the dose of one-half gram to one and one-half grams daily, the *Convallaria* produces on the heart, blood-

vessels, and respiratory organs, effects constant and constantly favorable, to wit: slowing of the beatings of the heart, with often a restoration of the normal rhythm, and, on the other hand, augmentation of the energy of the heart, also of the arterial pressure; in fine, the inspiratory force is increased, and the *besoin de respirer* is less injurious, less painful.

Third.—The effect the most powerful, the most constant, and the most useful, is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies.

Fourth.—The therapeutic indications are summed up as follows:

(a.) In palpitations, resulting from a state of exhaustion of the pneumogastric nerves (cardiac paresia), the most frequent source of palpitations.

(b.) In simple cardiac arrhythmia, with or without hypertrophy of the heart, with or without lesions of the orifices or valves of the heart.

(c.) In mitral constriction, especially when it is accompanied with failure of compensation on the part of the left auricle and right ventricle, the contractile force augments visibly under the *Convallaria*, as the sphygmograph testifies.

(d.) In mitral insufficiency, especially when there are pulmonary congestions, and when, as a consequence, there is dyspnœa, with or without nervous trouble of the respiration.

(e.) In Corrigan's disease the peripheral arterial pulsations disappear, and respiration becomes markedly restored. In dilatation of the left ventricle, without compensatory hypertrophy, it restores energy to the heart, which tends to become more and more feeble and dilated.

(f.) In dilatations of the heart, with or without hypertrophy, with or without fatty degeneration, with or without sclerosis of the muscular tissue, the indications of the *Convallaria majalis* are clear.

(g.) In all cardiac affections indifferently, from the moment that watery infiltrations appear, the *Convallaria* has an action evident, prompt, and certain.

(h.) In lesions with dyspnœa the effect is less marked. To combat cardiac dyspnœa, *Convallaria* is inferior to *Morphia*, and especially to Iodine, but *Morphia* suppresses the urine, and the preparations of Iodine are every way preferable. The combination of *Convallaria majalis* with Iodide of potassium in the treatment of cardiac asthma constitutes one of the most useful methods of treatment. Finally, in cardiopathies with dropsy the *Convallaria* surpasses all other remedies. One is

often obliged to suspend the employment of *Digitalis* on account of vomiting, digestive disturbances, cerebral excitation, the dilatation of the pupil, which it so often produces after a prolonged use of this medicament, etc.

The final action of *Digitalis* is exhaustion of the heart, increase with enfeeblement of the heart's pulsations—just the opposite effects from what we seek when we give the drug.

Convallaria majalis has no deleterious effects on the economy, and has no cumulative action.

Postscript.—I have recently obtained a liquid extract of the Lily of the Valley from the manufactory of Parke, Davis & Co. These enterprising pharmacists have advertised the cardio-tonic virtues of *Convallaria* in terms almost identical with those employed by the distinguished French professor. It is gratifying to observe that their claim for *Convallaria*, "that it is a safe and efficient substitute for *Digitalis*," has received such high indorsement, and from a medical writer and teacher, evidently ignorant of the fact that certain eclectic practitioners in this country have for years prescribed the Lily of the Valley in cardiac dropsy.

I have lately employed Parke, Davis & Co.'s preparation in two cases. The one is a patient suffering from Corrigan's disease—partly compensated. He is incapacitated for any but very moderate exercise; has attacks of syncope, dyspnoea, and angina. Though he has taken the *Convallaria* only three days, he has been entirely free from his usual faint and giddy turns, has had no angina pectoris, and has been able to do his work with increased comfort. The other is a case of aortic and mitral insufficiency, with enormous dilatation and marked asystolism. There is dyspnoea (orthopnoea) from pulmonary stasis and hydrothorax, some œdema of the extremities, vomiting and digestive disturbance. This patient is greatly dependent on hypodermics of Morphia. I have prescribed the liquid extract of *Convallaria*, in doses of five drops every hour. So far the effect has been gratifying. There is more force in the cardiac pulsations, and in the pulse at the wrist. The dyspnoea is relieved. The quantity of urine is notably augmented. The patient has better nights, and can take more food. I do not look for any permanency in these good results; granulo-fatty degeneration of the heart is evidently far advanced.

August 30th.—Mrs. C——, the patient referred to in the last paragraph, continues to improve after a fortnight's use of the new remedy. The cardiac contractions are slower and more

friable, the dyspnoea has disappeared with the pulmonary stasis and the hydrothorax. She can now lie down *flat on her back*. This relief has been coincident with a copious diuresis, commencing the third day of the administration of the medicine. For several days the quantity of urine passed during twenty-four hours has been as high as sixty ounces (before commencing the remedy the average quantity *per diem* was eight ounces). The dose now taken of the *Convallaria majalis* is twelve drops every four hours. For a while I was able to suspend the Morphine injection (one grain subcutaneously), but latterly I have been obliged to resume it on account of the return of the angina, from which she has long been a sufferer. It is evident that the *Convallaria* has done all that any remedy could be expected to do in this case, as atheromatous changes in the nutrient vessels of the heart are more than probable.

THEIR USUAL ERROR.

BY H. W. TAYLOR, M.D., TERRE HAUTE, IND.

THE non-fatal errors are those which the Internationals are so prone to make. One of the most glaring that has lately fallen under my observation is that which the editor of the *Advance* makes in his article on the Address of Dr. Drury, President of the British Homœopathic Society. How even an International can so distort the meaning of Dr. J. Edwards Smith's paper as to make it favor the high potencies (so-called), is a mystery whose solution lies probably in the Internationals' tendency to claim everything, regardless of surroundings.

In the jocularly sarcastic vein so much affected by the *Advance*, that journal says, in the December number, page 298:

"'Then, again,' says the doctor (Dr. Drury), speaking still of the difficulties of the small dose, 'there was danger of not having the confidence that was needed, in the way the medicine was prepared.'

"By this he means low attenuations could be more easily relied upon for purity and exactness than the higher. Why, good doctor, its just vicey-varsey over here. If you will look over the late report of the American Institute of Homœopathy you will find some nice morsels in the bureau of microscopy. The unsavory facts unearthed by the chairman, Dr. J. Edwards Smith, will show you where the rottenness that afflicts Denmark can be found. We conclude that things must be different in different countries. You can get a reliable

30th or 200th over here, if you want it; but, you cannot always be certain of your tinctures, and some of the low attenuations must be in a bad way, if Professor Smith's report goes for anything."

I beg pardon of my publisher for being compelled to quote so much of the *Advance*. I deemed it best to give all that was said in this somewhat remarkable review of the subject of the report of the Bureau of Microscopy, and the bearing of that report upon the subject of high and low attenuations. I know of nothing which better illustrates the profundity of the International philosophy than this *Advanced* view that an inaccurate or impure "low" preparation becomes perfectly accurate, and perfectly pure, by being run up to the thirtieth. I gladly place it on the same shelf with the somewhat older doctrine, that dilution develops new and unheard of powers in drug matter.

The truth is almost exactly the reverse of the *Advance's* statement of the matter. Professor Smith's paper shows that, out of a large number of specimens of 30ths sent by various pharmacists, only one was what it purported to be. Probably the facetious editor of the *Advance* desires to be understood as referring to that one when he says, "you can get a reliable 30th, if you want it." But what of all the other sixty and odd samples, purporting to be 30ths, and which investigation proved to have enough of the original drug for the 7th or 8th trituration?

However, I now understand why the "high" editor of the *Advance* proposed to give ten dollars to aid in carrying on Professor Smith's investigations. He was under the grave misapprehension of the purport of Professor Smith's paper indicated in the above quotation. He supposed that it was the tincture and low dilution that Professor Smith had demonstrated as having four or five times too much drug in them! I shall urge the *Advance* to read Professor Smith's paper in the *Transactions*.

The *Advance* is nothing if not absolutely unfair toward any object of its criticism. No fair-minded journal could fail to conclude that Dr. Drury had already heard of Professor Smith's investigations into the peculiar methods of some of our pharmacies in producing 30ths. Some five or six years ago, the editor's colleague, Dr. Franklin, stated before the Western Academy of Homœopathy, at the Indianapolis meeting, that "he had asked a St. Louis pharmacist for a 30th, and he had replied that he had only the 6th, but could soon

prepare the 30th, and, in fact, appeared in a few minutes with a 'reliable 30th,' prepared in this off-hand manner from the 6th!"

It is not overstating the subject to say that, for twenty years, well-defined doubts have existed as to the methods of preparing 30ths. Dr. Drury has had ample opportunity to avail himself of the knowledge of these doubts. These doubts have now been placed within the pale of demonstrated fact. The 30th is unreliable.

In this connection allow me to say that Mr. Witte, of Cleveland, has taken a step in the right direction. He does not *play* dynamization of triturations. He simply triturates long enough to insure thorough admixture of drug and vehicle, and he sells the 30ths lower than the 3ds! Let him take another step and refuse to make a higher trituration than the 10th, and he will be a pioneer and a pharmacologist after Hahnemann's own fashion.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held at the Hahnemann Medical College, on Thursday evening, January 11th, 1883; the President, Dr. W. B. Trites, in the chair. Sixty-eight physicians were in attendance.

After routine business, consisting of the reading of minutes and reports of progress by several committees, Dr. Edward M. Gramm, chairman, presented the following: "Your Committee on Night Medical Service begs leave to report that, after sending the papers relating to the night medical service in New York to the clerks of both branches of City Councils, a resolution was introduced into Common Council instructing the Police Committee to inquire into the expediency of introducing a night medical service in Philadelphia. The committee, to which the matter was referred, has not yet acted upon it, but your committee hopes soon to report that favorable action has been taken." Report accepted, and committee continued.

The chairman of the Bureau of Zymoses and Dermatology, Dr. J. B. Kniffen, reported that for the ensuing year the following physicians had been associated with him, viz., Drs. Isaac G. Smedley, George T. Parke, Theodore F. Conover and Thomas S. Dunning.

The chairman of the Bureau of Clinical Medicine, Diagnosis, General and Special Therapeutics, Dr. Charles Mohr, reported that his bureau had decided to invite all members of the society to contribute reports of any interesting clinical cases not hitherto published, or of any discovery in diagnosis or therapeutics made during the past year, and stated that these papers would be read by title and referred for publication; further, in order that all members might participate, the bureau selected for discussion at the February meeting, *the treatment of diphtheria*, involving a consideration of the utility of local applications (germicides).

A communication from Dr. R. E. Caruthers, corresponding secretary of the Homœopathic Medical Society of Pennsylvania, was read, in which the society is asked to appoint a committee to prepare a paper to be presented on behalf of the Philadelphia County Society at the annual session of the State Society, to convene in Philadelphia in September next. On motion, it was decided to appoint such committee, its members being empowered to select the topic. The President appointed Drs. H. F. Ivins, E. Fornias, J. G. Smedley, C. Weaver, and W. W. Van Baun.

The Secretary stated that he had been requested by several members to ascertain whether future meetings of the society could not be held at the rooms of the Library and Reading-room Association, it being urged that the rooms would be pleasanter, and that both the Library Association and the County Society would be mutually benefited. After some discussion, Drs. C. Mohr, J. K. Lee, and A. Korndærfer were appointed a committee to confer with the officers of the sister institution on the subject, and to report at the next meeting as to the desirability of a change, etc.

Dr. Duncan Macfarlan was proposed for membership by Dr. J. C. Guernsey. Referred.

The Bureau of Materia Medica, Pharmacy and Provings, Dr. E. A. Farrington, chairman, then presented a report embracing papers on:

- (a.) "The Turkish Bath," by J. C. Guernsey, M.D.
- (b.) "Remarks on Kali Phosphoricum," by A. Korndærfer, M.D.
- (c.) "Routinism," by E. Fornias, M.D.
- (d.) "Remedies for Neurasthenia affecting the Lumbar Spine," by E. A. Farrington, M.D.

The papers were read by their respective authors, accepted, and referred for publication. A discussion ensued, in which

Drs. Morgan, McClatchey, Dudley, C. M. Thomas, Guernsey, Mohr and Farrington took part.

Dr. Joseph C. Guernsey was appointed chairman of the Bureau of Materia Medica for the ensuing year. Adjourned.

(A SPECIAL MEETING of the Society was held on the evening of January 17th, to take appropriate action respecting the death of Robert J. McClatchey, M.D. A full report of this meeting will be found on another page.—EDS.)

SQUIBB'S PREPARATIONS.

I HAVE often wondered why every tyro in the practice of Surgery, of late years, has fallen into the habit, in reporting cases, of saying, whenever he has administered ether, "Squibb's ether."

Is it possible that the claims for greater care in the manufacture of that article, the loud bragging of the proprietor upon its superiority, has impressed the medical profession so much that it is necessary to say, "I used Squibb's ether," in order to convince people that the very purest and best has been employed?

I have used anæsthetics to some considerable extent, and am free to say that I have found ether, made by other manufacturers, just as safe and efficient as that made by Dr. Squibb.

In view of the exceedingly obnoxious position lately assumed, and the language used by Dr. Squibb in reference to all medical men not subscribing to his medical tenets and code, I would mildly suggest to practitioners on our side, the propriety of casting about for supplies from other laboratories than his. I have been looking in other directions, and could readily name parties, were it not advertising their wares without proper pay, who make just as good medicinal preparations as Dr. Squibb, all his wonderful blowing to the contrary notwithstanding.

There is no need for us to foster a reptile to sting us on all possible occasions.

VERBUM SAT.

FRACTURE OF THE HUMERUS FROM MUSCULAR CONTRACTION.

BY H. KNOX STEWART, M.D., PHILADELPHIA.

THE *Medical Bulletin*, for January, 1883, records a case of fracture of the humerus from muscular contraction, which recalls to my mind a similar case occurring in my own practice.

Mr. A. R., a Hebrew, aged 39 years, medium height and weight, depraved constitution, rheumatic diathesis and a high liver, who had been long treated by a prominent allopathic physician of this city, became an office patient. In getting a history of his case I found traces of syphilitic taint. He was under treatment for two months. I gave him the remedies indicated, together with an application of the electro-galvanic battery. He improved somewhat. He had been advised by his old-school physician to try the Arkansas hot springs, and feeling now able to bear the journey, determined to visit that health resort. I saw nothing more of him for three or four months, when suddenly, on the evening of the 5th of June, 1879, I was called to see him at his residence. He was suffering that day severely with rheumatic pains, and fearing that he would take cold, as a heavy thunderstorm had come up, he undertook, unaided, to put on a heavy coat. In reaching back with the right arm to insert the hand into the coat-sleeve, he heard a loud snap (which he compared to the report of a pistol), and felt a thrill through the arm, which fell helpless to his side.

On my arrival I readily diagnosed an oblique fracture of the humerus at the middle third. The lower fragment overlapped the upper posteriorly. He suffered excruciating pain. The fracture was readily reduced and kept in apposition by splints and bandage. Fearing that union would not take place, and surgical interference (possibly amputation) become necessary, I advised him to consult his old allopathic physician, who is a celebrated surgeon, but he insisted upon my taking sole and entire charge of his case. I at once put him upon *Calcareo phos. 6^x*, and at the end of a week was gratified to find that repair had begun, as the fracture was encased in an abundant supply of provisional callus. At the end of three weeks perfect union had taken place, and the splint and bandage were removed. As there was shortening to the extent of three-quarters of an inch, I had him hold weights in his hand, gradually increasing the weight from $1\frac{1}{4}$ pounds to 14 pounds; he also exercised with the health-weight. The shortening was thus entirely overcome. Shortly after his recovery he went to Europe, where he remained about a year. I first saw him, since his return, two or three weeks ago, when he stated to me that from the time of the reception of the injury to his arm until the present he has had no return of the rheumatism from which he had suffered so much and so long. He now attends personally to his business, which formerly he was compelled to intrust to other hands.

1883.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., February, 1883.

No. 2.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

ALLEN'S ENCYCLOPEDIA.—In commenting upon a letter from Dr. Pope, of London, appearing in their January number, the editors of the *New York Medical Times* make this remark, while speaking of *Allen's Encyclopædia*: "*We have never seen it so much as intimated in any journal on this side of the Atlantic, excepting our own, that there was any question as to the reliability of this omnium gatherum.*"

We presume, from this statement, that our New York friends missed reading a few numbers of the MONTHLY. As far back as our February number, 1876, earnest objections were made to at least one article embraced in the *Encyclopædia*. Our Nashville correspondent, Dr. J. P. Dake, censured Dr. Allen for allowing the *bedbug* to creep in among respectable remedies; and in reply to Dr. Allen's vigorous defence of the festive insect and of his methods of selecting matter for his volumes, the same writer, in the June number of that year, went on to show several sources of impurity drawn upon by Dr. Allen. In view of these facts it seems a little amusing that the criticisms of Drs. Hughes and Pope, and of the *Times* should

be considered the first in any way showing the unreliability of the *Encyclopædia*.

Perhaps few writers have criticised the *Encyclopædia* more mercilessly than Dr. Allen himself. He, at any rate, has never been blind to the defects of his gigantic pet baby. And so far as this journal is concerned, the work of Dr. Allen has been considered not all good nor yet all bad. It was known that he was not *originating* information in regard to the drugs brought forward; that he was simply *compiling* observations and provings already extant, bringing them from a multitude of books and journals, scattered through all countries and languages, into one publication. Any want of confidence in his display did not come so much from the discovery of mistranslations and inaccuracies in copying, nor yet from a faulty arrangement of his material, as from a knowledge of the *impurity of the sources and the mixed character of the materials themselves from which he was building a work to be called a "Pure Materia Medica."* The sources were, in too many instances, unreliable, and the sifting was inadequate. We are persuaded that no *Materia Medica Pura* ever will be produced until a thorough reproof is made with all the care and all the safeguards suggested by Dr. Dake in his discussion of the subject before the World's Convention in 1876, and aided by all the modern diagnostic tests available, and the results noted with far more care and exactitude than any single proving ever yet made can exhibit. In *the Proving of the Future*, the experimenter will need something more than the note-book and pencil of "the Fathers." The microscope, the laryngoscope, the ophthalmoscope, and the stethoscope, the cardiograph and sphygmograph, the test-type, the æsthesiometer, the audiometer, the test-glass, the thermometer and the balance will all play an important and essential *role* in those provings, which are to satisfy the scientific demands of the next generation of homœopathic physicians, and sustain the dignity and honor of Homœopathy fifty years hence.

It does not follow, however, that the work of our predecessors is to be thrown ruthlessly away. Retranslation, recopying, and careful editing, as proposed by Dr. Hughes, may improve somewhat upon the work of Dr. Allen, but, after all, there will be vast heaps of chaff garnered with the wheat. Dr. Allen and his publishers deserve well of the profession for having given us so many good things, and so much that is useful to the discriminating student of *Materia Medica*, and we trust that the Bureau of *Materia Medica* of the American

Institute will furnish a good model at the meeting at Niagara Falls, for the gathering and arrangement of the best to be gotten out of our present pathogenesis, and that the way may soon be opened for more accurate and extended observations of the effects of our most important drugs. D.

PIN-HOLES IN DRAIN-PIPES.—It is with many misgivings that we turn from the perusal of a paper in the *Popular Science Monthly* upon house-drainage, to a contemplation of the means of accomplishing such a desideratum. That traps are necessarily imperfect, that soil-pipes will occasionally leak, and that adverse winds will now and then interfere with the perfect working of inside and outside ventilation-shafts, is self-evident. But when we are urged to inspect our homes many times a year, because even an opening no larger than a pin-hole will admit a host of bacteria into a house, how in the world are any of us, be we ever so vigilant, to escape contamination?

If such caution as this has any foundation in fact, we may as well settle down to the conclusion that house-drainage is only of relative value, the risk to life being reduced in proportion as large holes give place to small holes and volumes of sewer-gas dwindle to tiny streamlets. But since disease germs are very minute, and since apertures of capillary dimensions are unavoidably present in even the best-constructed drainage apparatus, entire immunity from sewer-gas is impossible.

How would it do, then, for insurance men, who are always shrewd in money matters, to gauge "a risk" by the perfection of house-drainage? An applicant for a policy might be interrogated somewhat in this manner: "Is your house properly drained?" "How long since your plumber stopped up all the pin-holes in the soil-pipes running through and from your premises?" "Since that time, have any of your family or you yourself detected any odor of sewer-gas in your house?" "Have you or any of your household felt languid, nauseated, sick in the morning after sleeping in rooms furnished with wash-basins which drain into the sewer?" Appropriate answers would certainly greatly lessen the risk of insurance, and if the policy forbade its holder from changing his residence without the permission of the company, great pecuniary gain would certainly accrue.

But alas! an almost insuperable difficulty presents itself. The policy must also forbid its holder from standing on street corners in near proximity to inlets, and even from visiting his

neighbors whose houses are not bacteria-proof. And then, just think of it, insurance agents would become insurance detectives, and if they were to ply their new calling with a quarter of the energy they display in their old, they would become tenfold more pernicious than bacteria themselves; for some things are worse than death.

NATIONAL BOARD OF HEALTH.—The *New England Medical Monthly*, in a recent editorial, mentions the fact that the appropriation necessary for the proper carrying on of the work of the National Board of Health, has failed to receive the approval of Congress. The *Monthly* quotes the following peculiar language from the *Chicago Medical Review*:

"This action of Congress is not the result of pure apathy, such as leads that body to neglect all business not advocated by interested representatives, nor is it the result of parsimony. It is due to the covert opposition of the Health Officer of the Port of New York, and the steamship companies. The former official, a *medical politician of the homœopathic stripe*, able to pay \$20,000 into the party fund from his official perquisites, has been forced to give more attention than usual to his duties by reason of the action of Western sanitarians against varolous emigrants, and has felt aggrieved in consequence. The steamship companies have been forced to increase their expenses by the greater inspection of emigrants and have made common cause with the Health Officer. It is simply shameful that Congress should yield to such influences."

The above quotation shows to what desperate straits allopathy is being driven in its impotent effort to check the progress of medical science. It is a pitiable intelligence, indeed, that does not know of the powerful influence exerted by homœopaths in favor of the organization and support of the National Board of Health. During the existence of that board, it has not, so far as we can now remember, done anything to excite the displeasure of homœopaths as a school, and although we, in common with physicians of the allopathic school and other citizens, have felt like criticizing some of the work of the board, we venture the assertion that it has had fewer actual enemies in our school, in proportion to our numbers, than in the other.

The interests of public health are, ever and anon, found to be in antagonism to those of commerce and of manufactures, and in the great majority of such cases, these sanitary interests are forced to succumb to the power and influence of the almighty dollar. It is the existence of this natural antagonism which constitutes a chief difficulty in the path of the practical sanitarian—a difficulty which can generally be overcome only by invoking the aid of an overwhelming public sentiment. Even our local boards of health are all too painfully cognizant of this

fact, and our national sanitary board has, from the first of its existence, been handicapped by its inevitable conflict with some of the interests of trade. This is the explanation—the only explanation—of the treatment the national board has received at Congressional hands. The restrictions it has imposed upon our foreign carrying trade, as well as, perhaps, our home traffic, have excited against it the influence of powerful moneyed interests, sufficient to insure its defeat before Congress in its application for the means to continue its beneficent work. Whether the result constitutes a reflection upon the wisdom of members of Congress or upon their integrity, we leave them to judge. We are a little surprised that our New England contemporary should be willing to give currency to an innuendo as puerile and contemptible as it is baseless.

DR. BOERICKE'S RETIREMENT from the pharmaceutical portion of the business in which he has spent the greater portion of his life, is a matter of no little interest to the medical profession. Perhaps no pharmacist ever enjoyed, more largely and completely, the confidence of those who held business relations with him. It is indeed doubtful if his honesty as a manufacturer and dispenser of drugs has ever been seriously and intelligently questioned, all doubts respecting the perfection of his preparations being based solely upon the perfection of human knowledge affecting pharmaceutical processes; and the promptness and eagerness with which he has welcomed and applied every new advance in art or in science which could in any way improve his methods or enhance the efficacy of his wares, have led his business friends to impose implicit trust in him. It is cause for sincere congratulation that his associate in business—Mr. Tafel—enjoys professional confidence also to a very high degree, and that his practical skill and scrupulous integrity will still constitute the safeguards of our homœopathic pharmacy.

But the feature of the new arrangement with which the profession will be particularly pleased, is the intention of Dr. Boericke to devote his exclusive attention to the work of publication. This will afford him opportunity to effect very important improvement in our standard literature, a work very much needed and one in which he will receive many a sincere and hearty "God-speed." We are informed that, as a beginning in this grand work, he proposes to accept for publication only the work of writers of known and acknowledged ability in the several departments of medical science. While it is true that such a method cannot prevent the publication of

inferior works, it cannot be doubted that it will have an influence in elevating the general tone of our literature, and in discouraging the present mania for bookmaking,—a persistent madness which, it seems, no amount nor intensity of adverse criticism is able to check or cure.

JUSTICE TO A CONTEMPORARY.—Commenting upon an editorial in our November issue, which was directed against an article in the *Independent Practitioner*, the editors of that journal say: “‘UNSAVORY JOURNALISM’ is the title of an editorial in the November number of the *HAHNEMANNIAN MONTHLY*, which, we think, is a just criticism on the first article in our August issue, entitled ‘Homœopathy.’ An apology is hardly admissible; but we gave in our September issue, at the bottom of page 549, our reason for its appearance. We hope we will be set right with the readers of the *HAHNEMANNIAN*.”

We are glad to see that our contemporary has not lent its editorial sanction to the article which we deemed “unsavory.” Its explanation and admission of the justness of our strictures relieve the journal of all opprobrium. We, therefore, desire to withdraw whatever portion of our editorial applies to the status of the *Independent Practitioner*.

A GOOD EXAMPLE.—The “O. and O. Society” has, with wise foresight, determined to hold its annual session on the day *preceding* the convening of the American Institute at Niagara Falls next June. This will require the members to be on the ground one day earlier, but considering the attractions of the place this will not be regarded as at all undesirable, while it will allow the physicians interested in this specialty to be present also at all the Institute meetings.

If now our National Pædological Society would adopt the same plan—perhaps they have already decided to do so—it would promote the interest and efficiency of their own meetings and the meetings of the Institute also.

Notes and Comments.

CONGRESS allowed the four surgeons who attended President Garfield \$20,500. Judge Porter and Mr. Davidge received \$10,000 each for their share in convicting his assassin, for which the Government paid a salary to the District Attorney besides, and the Star Route cases have cost \$70,000, of which Mr. George Bliss is said to have received \$40,660; but a Congress of lawyers which underpaid distinguished doctors, will find nothing to criticize in these bills.—*Philadelphia Press*.

DISINFECTANTS, USEFUL AND OTHERWISE.—Experiments with carbolic acid show that the popular idea, that an odor of the acid in the sick-room or privy is evidence that the place is disinfected, is entirely fallacious. As a volatile agent, this acid is useless, because of the expense of pure acid and the enormous quantity required to produce the desired results.

On the other hand, Dr. Sternberg has demonstrated that chlorine, nitrogen dioxide and sulphur dioxide are trustworthy disinfectants in the proportion of one volume to one hundred volumes of air.—*Popular Science Monthly*.

STATE BOARD OF HEALTH.—The Legislature of Pennsylvania has again before it the bill, rejected two years ago, to establish a State Board of Health. Pennsylvania is several years behind several of her sister States in this respect, and it is time something was done, at least, in the matter of a more general and accurate registration of our vital statistics, and the investigation and suppression of circumscribed epidemics, etc. The bill makes no provision for preventing dishonest discrimination in the appointment of members of the Board, but even an imperfect law on the subject will be better than none.

RELIABLE LIFE INSURANCE.—The late Prof. R. J. McClatchey, was insured in the Homœopathic Mutual Life Insurance Company of New York for \$6000. Proofs of his decease were received by the company ten days subsequent to his death, and two days later (January 27th) a check for \$6041, the full amount due on the policy, was forwarded to his widow. We have before us a list of the policies paid by the company during the past year. Of these, the most were paid within one, two, three, or four days, and in no instance was payment delayed beyond a week or two after proof of death was received. If all our American companies conducted their business with the same energy and care, and paid their death losses with the same promptitude, the business of life insurance would occupy a higher position in public estimation than it now does.

HOMŒOPATHY IN THE ARMY.—The Committee on Legislation of the American Institute of Homœopathy, are energetically urging the passage of the resolution, now pending in Congress, to prevent and punish discrimination between rival schools of medicine in governmental appointments. Recently they have issued a Circular Letter to the members of Congress in which the objections thus far offered to the passage of the "Resolution" are taken up, one by one, and tersely and conclusively answered. The letter will doubtless have great weight, but our readers can all help along the good work by writing personal letters to their own senators and representatives in behalf of the measure.

FAMILY UNWISDOM.—An allopathic writer makes a personal attack upon a homœopathic neighbor, who has been winning his way to the top circle of clients in the community where both ride their daily rounds; the attack is not professional but strictly literary and personal, intended to wound where no medical blunder or short-coming can reach or apply; and the attack is repeated and urged by a professional brother, in a medical journal claiming to be *par excellence* homœopathic. The motive of the allopath who originated the attack is plain, and so is that of the daily paper serving up surprising news; but what of the motive of the homœopathic brother who repeats and urges the attack, and of the medical journal that opens its pages for its display and encouragement? That loyalty to homœopathy which finds expression in incessant attempts to decry its practitioners, may satisfy its thoughtless possessor, but the cause can get along better without it.

A NEW INFERNAL MACHINE.—We have received a small circular, advertising what the owner proclaims to be "A World-wide Blessing to Woman-

kind," and "The Greatest Godsend to their Sex," but which is alluded to by one of our correspondents as "some cunningly devised devilry for the purpose of preventing conception." From all we can gather, this latter "opinion" is the correct one, being corroborated by the fact that the advertiser desires to be put in possession of the "names of married people and *parties about to be married.*" It *appears* to be indorsed by a number of physicians, but then, of course, there are scoundrels inside, as well as outside, the medical profession. The mailing of such an advertisement is a gross violation of our postal laws, and ought to subject the offender to condign punishment.

EXIT CARBOLIC ACID.—Carbolic acid, considered as a panacea, has had its day; like bromide of potassium, like chloral hydrate, and many other new drugs, after having turned the heads of more than half the medical world for a few brief years, it has, in this country at least, like them, come to occupy a definite place in the minds of a majority of physicians, or has come to be valued by them for just about what it is really worth, neither more nor less (*New York Medical Journal*, Jan., 1882). This work of lauding the fashionable medicine to-day and denouncing the unfashionable medicine to-morrow, seems to constitute one of the chief vocations of the "scientific and regular" school, and marks one of the principal distinctions between it and the "exclusive-dogma" sect. This indecision about the value of drugs justifies the assumption of the term "scientific" about as much as it warrants the appropriation of the term "regular." The allopath finds huge delight in these terms, even though other people do wax mirthful over his self-complacency.

New Publications.

THE SCIENCE AND ART OF OBSTETRICS. By Sheldon Leavitt, M.D., Professor of Obstetrics, etc., in Hahnemann Medical College, and Clinical Professor of Midwifery in the Hahnemann Hospital of Chicago; Member of the American Institute of Homœopathy; Author of Therapeutics of Obstetrics, etc., etc. With an introduction by Prof. R. Ludlam, M.D. With two hundred and sixty-three illustrations, 8vo., pp. 660. Published by Gross and Delbridge, Chicago.

This work, the second of the kind from the Mississippi valley, and the fourth in the United States, presents a very neat appearance, with good paper and letter press, and does justice to both author and publishers.

The eloquent introduction by Prof. Ludlam constitutes in itself a very thorough review of the book.

The comparison of the male and female pelves on pages 45-46 would be more apparent to the student, were the figures placed on the same or opposite pages, instead of back to back.

In the chapter on pregnancy the writer accepts the generally believed opinion that the spermatozoa pass through the uterus and Fallopian tubes to produce conception, and rejects the theory advanced by Mauriceau, De Graaf, and others, and indorsed by Guernsey, considering that the intramural canals referred to by these authors are only exceptionally present.

The diagnosis of position and presentation of the child during pregnancy, by palpation and auscultation, as well as by the sounds of the fetal heart in single or twin pregnancies, is copiously and beautifully illustrated.

Among the many illustrations of the phenomena of labor is that of a section of a frozen body at the termination of the first stage.

The combined method of delivery of the placenta known as Neilton's or Cr  d  s, we can fully indorse, having seen it used in thousands of cases while under the instructions of Prof. Carl Braun in Vienna, and also in hundreds in our own private practice.

The an  sthetic recommended, like that in use throughout Great Britain, is chloroform, although we prefer Squibb's ether to any other. The writer says: "In the Hahnemann Hospital it is our custom, as a preliminary to the introduction of a class of students, to bring the woman profoundly under the influence of chloroform; and though narcosis is frequently maintained for a period of one and a half or two hours, among hundreds of women confined there, during the past few years, not a single case of alarming h  morrhage has been met. Our practice is to keep a watch over the patient for a considerable time after delivery, and give attention to the first indication of trouble." This is good advice, although of course the more one becomes familiar with the use of hom  opathic remedies, and has the opportunity of treating cases during pregnancy, the less frequently he will find an an  sthetic necessary.

In placenta pr  via, among the many and exhaustive measures described, podalic version seems to be preferred.

H  morrhage, accidental and concealed, receives marked attention. With the mechanical means herein described and the use of the properly indicated remedy, such cases under hom  opathic treatment are robbed of half of their terrors.

The indications for the use of forceps are very full, without being verbose. There are illustrations of numerous makes of instruments, though the author prefers those with a pistol shaped handle; his own or Prof. Hale's.

Numerous minor obstetrical instruments and operations are shown and described, embracing transfusion of blood, destruction of the f  etus, C  sarean section, etc. The book ends with chapters on the phenomena and management of the puerperal state.

The indications for the remedies throughout the work, so important to the hom  opathic practitioner, are very short, emphatic, and about as extended as the average practitioner remembers, when under pressure of the responsibility attending the management of extraordinary cases. The knowledge of materia medica generally, must be brought to bear in treating cases during pregnancy, or while the physician is watching at the bedside of the patient.

Altogether the work is very valuable. It is a credit to the author, to his particular school and to his city. It shows a vast amount of careful research, and deserves a ready sale throughout the country.

M. M. W.

THE DISEASES OF WOMEN; THEIR PATHOLOGY, DIAGNOSIS AND TREATMENT; INCLUDING THE DIAGNOSIS OF PREGNANCY. By GRAVEY HEWITT, M.D., London. Fourth American edition. Philadelphia, P. Blakiston, Son & Co., 1882. Price \$1.50.

Long before Gyn  cology had attained to its present exalted position in America, this English work was considered one of the best upon this subject

in our language, and now that the American publishers can furnish it at a reduced price, Hewitt's "Diseases of Women" will be more popular than ever. It differs from many of the later American works in the presentation of facts relating to obstetrics, as well as gynecology, an omission in our works which can only be accounted for by the fact that the latter department of medicine is considered, in this country, to be a specialty by itself, and one is expected to look to obstetrical works for most of the information required upon that subject; but in Hewitt's work all this kind of information is given plainly and concisely, just whenever and wherever it is needed. The chapter on the Diagnosis of Pregnancy is especially full and complete.

But the distinctive feature of the work does not consist in the choice of subjects, but in the presentation and elucidation of a system of pathology which is intended to explain the nature of the diseases peculiar to women, and form a basis for their treatment. This is now generally known as "Hewitt's Mechanical System of Uterine Pathology," and is based upon the belief, that the changes in the shape and location of the uterus, but especially in the shape of the organ, are almost invariably responsible, in one way or another, for the suffering of our gynecological cases. And that the restoration of the proper shape of the uterus is the means of removing these sufferings.

Previous to the enunciation of this theory, Dr. Bennett and his followers ascribed most of the chronic disorders of women to subacute inflammation of the uterus, and more especially of the cervix uteri, and with this theory as a basis of treatment, cauterization, incision and dissection of the "corpus delicti" was practiced unmercifully.

After this, Dr. Tilt laid the blame of much of this same trouble upon the ovaries. Hewitt's theory was the next discovery, and since that, Dr. Emmett's new departure, which assigns so much suffering to lacerations of the cervix uteri, has claimed its share of professional attention. In every instance the enthusiasm of the discoverer has led to the adoption of some extreme views regarding uterine pathology, and has required such a subjugation of facts to suit the theory as to convince the thoughtful student that no single theory can account for the suffering due to uterine disease, and that no special system of pathology will apply to the uterus, any more than to any other organ in the body. But Dr. Hewitt has done a great deal to explain the benefits of mechanical treatment for uterine flexions, by directing attention to the fact that the tissues of the womb at the point of flexion become atrophied and weakened, and that by the restoration of the organ to its proper position, we provide for an appropriate blood supply to the atrophied structures, and may expect such nutritive changes to follow as will result in the development of this part to its normal proportions, so that there will no longer be any tendency for the uterus to become flexed on account of the tissues being weak at this point. The chapter on the treatment of flexions commences with these words: "There can be no doubt that the first element of success is perfection of diagnosis. It is not sufficient to know that the uterus is flexed, it is necessary also to be aware of the condition of the

uterine texture in other particulars ; its firmness or softness ; the size of the uterus, its position in the pelvis, and in fact its whole relations." And yet the author says : "The first indication which we have before us in the treatment of flexions, is to place the uterus in its normal condition as regards its shape and as regards its position." We can indorse the first part of this paragraph heartily, but cannot think that it is to be inferred that, because the uterus is flexed, all complications are to be ignored and treatment directed to restoration at all hazards, for there are cases in which the restoration cannot be effected without injury to the patient until the complications have been improved, when the uterus will go into place quite easily, and can be retained there by suitable appliances.

We prefer to be guided in the application of mechanical treatment by the presence or absence of complications. If the uterus is enlarged, sensitive, and surrounded by plastic material which has fixed it firmly in the pelvis, treatment directed to the latter condition will be followed by a liberation of the organ from its fixed position in many cases, and in time a pessary which could not otherwise be tolerated can be worn quite comfortably.

In this edition of the work no mention is made of the different varieties of ante flexion, such as flexions of the *fundus*, the cervix being in its normal position ; flexion of the *cervix*, the fundus being normal ; and flexion of both fundus and cervix, in which case both point forward. Such a division simplifies the subject very much, and aids materially in deciding upon appropriate mechanical treatment.

The flexible ring pessary, made of copper wire, covered with gutta percha, was first used by this author, and on account of the facility with which it can be moulded into any required shape, it is one which can be made to suit almost any case. The physician who has a supply of these instruments on hand, and is possessed of the necessary skill to shape them properly, is well equipped with mechanical appliances for almost all forms of uterine displacement.

This pessary, first compressed into an oval shape and curved slightly so as to conform to the curve of the vagina, answers a good purpose for anteversion, if the anterior portion is bent up like the front part of sleigh-runners, and made to lift the fundus upwards by pressing against the anterior vaginal walls.

In the application of sutures for the immediate closure of a laceration of the perinæum, the author prefers to have the patient on the left side, in the ordinary obstetric position, but those who are accustomed to place the patient in the dorsal position, know that it is much easier to bring the raw edges together accurately in this position than in the former.

Cold water vaginal injections are recommended for leucorrhœal discharges, and tepid water for pelvic cellulitis, but we fail to find any allusion to the efficacy of hot vaginal injections, which are now so frequently resorted to by practitioners in this country. Perhaps in a more recent edition of this valuable work, we shall find that these improved methods of local treatment have been adopted.

B. F. B.

Cleanings.

ALIMENTATION OF PLANTS.—Green plants, by means of their chlorophyl, are competent to assimilate inorganic matter, while plants with no chlorophyl, namely, fungi, feed, like animals, upon organic matter.

There are some animals which possess chlorophyl, and it is a question whether they can be nourished entirely after the fashion of real plants. According to experiments made by K. Brandt, the green bodies in hydras, spongillas, etc., are not identical with the chlorophyl-bodies of algæ, but are independent organisms, called *zöochlorella*. It is evident, then, that when animals contain these *zöochlorella*, they are fed, like real plants, by the assimilation of inorganic matter. In agreement with this, fresh-water sponges can be better cultivated in distilled than in ordinary water. Hence, there seems to be a sort of partnership between certain animals and certain plants. —*Pop. Science Monthly*, October, 1882.

PREHISTORIC SURGERY.—At the Rochelle meeting of the French Association for the Advancement of Science, M. Emile Rivièrè exhibited a fragment of red Samian pottery, found some years ago while excavating. On it there is a representation of a huntsman with a straight artificial leg; it was a kind of stump, enlarged towards the upper extremity, on which the knee rested; cylindrical at the narrow part, and bifurcated at the lower end. M. Prunières also showed several specimens of human bones pierced with arrows, supposed to have belonged to the cave-dwellers. He also showed an iliac bone, in which a flint arrow was imbedded. The arrow had pierced the bone, and the wound in healing imprisoned it. He produced also vertebrae containing a flint arrow, and a heel-bone pierced by one, which was half broken, no doubt in the attempt to remove it. M. Prunières said, in answer to M. Verneuil, that he had seen specimens of rachitic bones, but they are extremely rare. M. E. Rivièrè succeeded in proving the existence of a consolidated fracture of the two bones of the forearm in a primeval man. —*Chemist and Druggist*.

GASTRIC EVIDENCES IN ARSENICAL POISONING.—Dr. A. R. Davidson asserts that the post-mortem appearances in the stomach of one poisoned with arsenic depend, not merely upon the size of the dose or doses taken, but also upon the conditions existing at the time of the poisoning. If a large dose is swallowed during or soon after a full meal, death is less likely to occur, for the food envelops the arsenic, prevents its deleterious action, and holds it until emesis brings both up in the vomit. If, however, absorption takes place gradually, poisoning ensues without the characteristic stomach-lesions. From a forensic point of view this is very important, since the fact that at an autopsy the stomach does not show evidences of inflammation, does not prove that the party did not die from the effects of an irritant poison. The doctor confirms his statements by a case in point. —(*Buffalo Medical and Surgical Journal*, October, 1882.) Similar facts were recorded by Hahnemann in his famous article on Arsenical Poisoning.

A NEW STAINING FLUID FOR SECTIONS OF THE CENTRAL NERVOUS SYSTEM.—Prof. Weigert, of Leipzig, proposes the following plan of staining sections of the central nervous system after hardening in bichromate of potash: The sections are first stained for several hours in a concentrated watery solution of acid fuchsin, then washed in water, and then placed for a few seconds in a solution of alcohol rendered alkaline by adding to 100 c.c. of absolute alcohol, 10 c.c. of a one-per-cent. alcoholic solution of caustic potash. As soon as the first signs of the gray nerve-tissue become evident the sections must be removed from this fluid, washed in water, and then placed in absolute alcohol saturated with chloride of sodium; they

are then cleared with oil of cloves, and mounted in balsam. By this method of staining, the medullated nerve fibres of the medulla, pons, and cord stand out as brilliant red lines or points, from a partial staining of the medullary sheath; the ganglion cells and connective tissue stain blue, the shade being deepened by immersion in dilute hydrochloric acid, one to five, and then into water, before placing in alcohol.—*Centralb. f. d. Med. Wissen.—Med. News.*

WARM WATER IN JAUNDICE.—Mosler has employed with success the injection of a large quantity of warm water into the large intestine in catarrhal jaundice. The experiments of Röhrig have shown that such injections have the effect of increasing, for a considerable time, the secretion of bile; and Peiper showed that the bile was thus rendered more diffuent. While the amount of water in the bile was increased, that of solid matter was lessened. About six hours after the injection the solids rise above the normal, and the water falls below it.—*Lancet—Med. News.*

ALLOCHIRIA, so named by Obersteiner, is believed by Dr. William A. Hammond to be caused by a unilateral injury of the posterior horns of gray matter. Impressions made, say on the right leg, are ordinarily carried up to the right half of the spinal cord and thence across to the left and so up to the brain. If, now, a lesion be present in the left posterior horn, then the sensation, after ascending the left half of the cord to the seat of disease, is directed through the gray commissural fibres to the right posterior horn, and then ascends to the right of the brain, just as though it originated in the left leg, instead of the right. This crossed sensibility is called allochiria.—*New York Medical Journal*, Jan. 13, 1883.

OSMIUM is suggested by Dr. T. F. Allen as a remedy for glaucoma. Dr. Norton acting on the recommendation has given the remedy in chronic cases with relief. He has not yet tried it in acute cases. For symptoms, see Allen's *Encyclopædia*, vol. vii., p. 242.—*Medical Call*, January, 1883.

CAULOPHYLLUM, it is stated by Dr. E. M. Hale, belongs to the botanical order Ranunculaceæ.—*Medical Call*, January, 1883. It belongs to the Berberidaceæ.

BACKACHE.—Impossible to take a deep breath when the back is very painful. Drawing a deep breath always gives pain in the small of the back. Not relieved when quiet, as is the Bryonia patient Aconite.² W. J. Martin, M.D., in *Transactions Homœopathic Society of Pennsylvania*, 1882.

METALLIC POISONS.—Some interesting results relating to the comparative poisonous effects of different metals have been noted by M. Richet. He finds that copper is 600 times more toxic than strontium, notwithstanding that its atomic weight is less; lithium, the atomic weight of which is but a twentieth of that of barium, is yet three times more poisonous. Even in the case of the same chemical family of metals, no relation is found to exist between atomic weight and toxicity. Thus cadmium, with an atomic weight of 112, is just half as poisonous as zinc, the atomic weight of which is 65. Lithium, with an atomic weight of 7, is seventy times more poisonous than sodium. It would appear, therefore, that there is no relation between the chemical function of a body and its toxic power. Potassium and sodium, the properties of which are so similar, differ widely in their poisonous effects, one gram of the former being nearly 250 times more poisonous than one gram of the latter.—*Philadelphia Inquirer*.

NERVOUS DEAFNESS; membrana pale; deafness worse when patient becomes tired; tinnitus; *Pieric acid*.—Dr. Cooper in *Monthly Homœopathic Review*.

News, Etc.

REMOVAL.—E. W. Berridge, M.D., has removed to 48 Sussex Gardens, Hyde Park, London, W.

THE AMERICAN INSTITUTE }
OF HOMŒOPATHY, } ss.

To the Members of the American Institute of Homœopathy: Greeting: You are hereby severally and collectively enjoined to set aside all professional engagements, and every manner of business excuses and delays whatsoever, and to appear *in propria persona* at the annual assembling of the Institute at Niagara Falls, N. Y., June 19th, 1883, and take part in the transactions, discussions and business mapped out for the rapidly approaching session, or show cause why you should not.

Whereof fail not, at the peril of missing a memorable social event and much valuable information, which will make your future professional labors joyful and your patients ever grateful.

Given under the hand and seal of the General Secretary, this fifteenth day of January, 1883:

J. C. BURGER.

PITTSBURGH, PA.

WARD'S ISLAND HOSPITAL, N. Y.—There were 808 patients treated at this hospital during the month of December, 1882, with a death rate of 2.07 per cent.

Among the interesting cases treated were the following:

Aortic insufficiency 9, aortic stenosis 7, alcoholism, acute 9, bronchitis, acute catarrhal 9, cholelithiasis 1, endocarditis 1, erysipelas, idiopathic 4, and traumatic 10, gastritis, acute 1, fatty degeneration of liver 1, malarial, intermittent 21, mitral insufficiency 17, mitral stenosis 9, pneumonia, acute croupous 3, pneumonia, acute catarrhal 1, pleurisy, acute 5, rheumatism, acute articular 6, and acute muscular 3, tricuspid insufficiency 3, sciatica 3, anthrax 1, burns of first degree 4, and second degree 3, cellulitis 7, fractures, scapula 1, ribs 9, tibia and fibula 1, clavicle 2, humerus 1; wounds: abraded 2, contused 12, incised 11, lacerated 4, synovitis 4, pernio 7, syphilis, primary 2, secondary 4, tertiary 2, chancre 2, gonorrhœa 3, orchitis 1.

During the year ending December 31st, 1882, there were 5369 patients treated, with a death rate of 5.08.

LIBRARY LECTURES.—The Homœopathic Library and Reading Room Association announces a series of lectures, the first of which will be delivered some time in February by Rev. Chauncey Giles, D.D. Subject: "Paracelsus and his Times."

GEORGE W. BARNES, M.D., of San Diego, Cal., was on January 23d elected President of the local Board of Health, having been previously appointed to the position of Health Officer.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY will hold its *seventh annual meeting* at Niagara Falls on Monday, June 18th, the day previous to the assembling of the American Institute of Homœopathy. The announcement issued by the President, Dr. C. H. Vilas, of Chicago, Ill., and the Secretary, Dr. F. Park Lewis, of Buffalo, N. Y., expresses the hope that a large number of brief but practical papers may be presented, embodying, as far as may be, the clinical experience of the members. Send to the secretary the topics upon which you will write, so that the programme may be arranged at as early a day as possible.

THE HOMŒOPATHIC LIBRARY AND READING ROOM ASSOCIATION OF PHILADELPHIA.—The first annual meeting of this association was held at the library rooms on Tuesday evening, January 9th.

The Librarian, Dr. Edward M. Gramm, reported the total number of books upon the shelves at the close of the first year of its history as 516. Of this number 372 have been added since the opening of the library, among which are the 217 volumes constituting the Paracelsian collection of the late Dr. Hering; 58 volumes have been purchased by the association, and 97 donated. 36 current periodicals are regularly received and 52 volumes of back journals have been presented to the association. A number of miscellaneous pamphlets, besides others from the Paracelsian collection, have also been received.

The Clerk, Dr. Clarence Bartlett, reported that ten regular and ten special meetings had been held by the Board of Directors, Dr. Joseph C. Guernsey being chairman of the Board. Early in the year, through the kindness of Mr. Hinckley, who volunteered his professional services for that purpose, a charter of incorporation was obtained. Over one hundred members have been secured, and, through the exertions of the vice-president, twenty physicians have become life members by the payment of twenty-five dollars each. Efforts to secure the library of the late Dr. Hering are in progress and give every promise of success. During the latter part of the year the library was removed from its first location at the northeast corner of Thirteenth and Market streets to No. 1009 Arch Street, where it has secured more convenient and commodious apartments.

The report of the Treasurer, B. F. Betts, M.D., was submitted, showing a cash balance in his hands amounting to \$247.28. It also appears that \$514 have been received from membership fees and \$226 from contributions. Mr. Lemuel Coffin and Mr. E. C. Knight have each contributed \$100, Mrs. Chapman Biddle \$10 and other contributors \$16. Mr. H. H. Furness has contributed \$100, and Mr. S. de la Quester \$20, towards the purchase from the estate of the late Dr. Hering of the Paracelsian library, believed to be the most complete of its kind in existence. With this collection now deposited upon the shelves of the Library Association, Mrs. Hering will donate Dr. Hering's complete medical library.

To meet the current expenses of the association for the next year about \$500 will be required. With the annual dues at two dollars, the association cannot realize this amount from its present membership. It was suggested, therefore, that some plan be devised to increase the membership, and, in view of the fact that the use of all the Homœopathic journals of this continent and many of those of Europe, beside the most desirable of the allopathic journals of both hemispheres, with the books in the library, is worth more to the members than two dollars per annum, the association may justly consider the propriety of increasing the annual dues to three dollars. It would seem proper to devote the funds donated by the lay friends of the association to the purchase of standard medical works for the library, and additional contributions should be solicited for this purpose from those who are desirous of aiding in such enterprises; but the *profession* should provide for the maintenance of the reading room and for the cost of the journals. With the works already upon the shelves, and the prospect of Dr. Hering's library being donated by Mrs. Hering, with the large number of journals on file, the association, duly incorporated and in actual operation, may be declared worthy of the active support of every homœopathic practitioner in Philadelphia and vicinity.

To be able to retain the Paracelsian library and to secure the Hering library it is of course necessary that there should be a considerable increase in the amount of money raised from Dr. Hering's friends, and contributions to this fund should be solicited from laymen and from physicians outside of

Philadelphia, in fact from all who have profited, either directly or indirectly, from his wisdom and research; all such contributions will be kept separate from the funds of the association and paid over to Mrs. Hering as soon as received.

The Secretary, Dr. W. H. Bigler, reported that in order to secure a more general professional interest in the library a series of social meetings have been instituted. Of these, five have been thus far held. Over 300 cards of invitation were issued, every homœopathic physician in Philadelphia being included in the invitation. The responses to these invitations were not as favorable as could have been hoped for. At one of these social gatherings thirty-seven physicians were present, at another thirty-five, and at another but sixteen. The secretary closed his report with an urgent appeal to physicians to unite in support of the library and to attend all its meetings, especially as "here in these rooms is a field where kindly feelings may be cultivated. Here are no peculiar principles to defend; here no hospitals to found, no colleges to govern, no offices to fill; in a word, no personal axes to grind. Here let us lay aside our coat of mail, and especially the hideous helmet that so effectually conceals our true visage, and let us vie with one another only in kindly offices."

OBITUARY.

MALIN.—George W. Malin, M.D., of Germantown, Philadelphia, departed this life January 18th, 1883. He was born August 3d, 1803, and was therefore nearly 80 years of age at the time of his death. He settled in Germantown in 1856, and was engaged in the practice of Homœopathy there, so far as his health and strength permitted, from that time until his decease.

IN MEMORY OF ROBERT J. McCLATCHEY, M.D.

The unexpected decease of Dr. R. J. McClatchey, as announced in our editorial pages last month, has caused a profound sentiment of regret and sorrow in all that wide professional and public circle where he was known, and known to be honored and esteemed. At his obsequies, which occurred on January 18th, the First Moravian Church, in which the services were held, was filled to overflowing with sorrowing friends, among whom were a large concourse of his professional brethren, his associates in the college, the county and state societies, the American Institute of Homœopathy, the club and the hospital. The class of Hahnemann Medical College was present in a body to pay their last tribute of respect to the memory of their distinguished friend and professor, and a numerous throng of patients gave visible and feeling expression to the affection in which he was held by those to whom he had ministered amid the pains and perils of illness, and to whom he was friend as well as physician. Dr. Rice, the pastor of the church, conducted the services and spoke eloquently of the value of Dr. McClatchey's life and work in the cause of science, of humanity, and of religion, and of the wide vacancy his death had made, not only in that little family circle of loving hearts, but in the church, the college, the medical profession, and the community where he had lived and labored.

At the conclusion of the services the funeral cortege proceeded to Mount Moriah Cemetery, where the remains were interred beside those of the loved ones who had preceded him.

In respect to the memory of Dr. McClatchey, and of his life and services, the following action has been taken:

THE PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.—A special meeting of the society was convened on the evening of January

17th, 1883, to take appropriate action on the death of Robert J. McClatchey, M.D. The meeting was held at the Hahnemann Medical College, and presided over by Dr. W. B. Trites, who, on taking the chair, paid a glowing tribute to the worth of the deceased, especially as related to his offices as a member of the society, and urged all present to emulate his example as a faithful attendant, ever ready to contribute his share to the scientific, intellectual, and social features of the society meetings.

Dr. C. MOHR moved, and it was voted, that all persons present, physicians not members of the society, as well as students, be invited to participate in the discussions.

Dr. JOHN E. JAMES, by request, gave an account of the last illness and the death of Dr. McClatchey (for which the reader is referred to page 45, January number), after which, on motion of Dr. Mohr, a committee consisting of Drs. John C. Morgan, J. C. Guernsey, and Wm. M. Zerns, was appointed to prepare suitable resolutions for the action of the society.

Dr. PEMBERTON DUDLEY then read a brief editorial sketch of the life of Dr. McClatchey, which he had prepared for publication in the *HAHNEMANNIAN MONTHLY*.

Dr. A. R. THOMAS said the death of Dr. McClatchey would be felt by many throughout the country, but by none more keenly perhaps than by the faculty of the Hahnemann Medical College. On all questions of policy his advice was always sought and esteemed. His loss would be keenly felt by the class of students, to whom he was endeared by his worth as an instructor and friend. His ability as a medical lecturer and writer was known and conceded on all sides, but few perhaps were aware of his extensive knowledge of general authors, among whom Dickens and Thackeray were greatly admired and loved.

His readiness and facility as a writer were never, perhaps, so well exemplified as on the occasion of the fiftieth anniversary celebration of the doctorate of Dr. C. Hering, when, without previous deliberation, Dr. McClatchey was requested to frame resolutions expressive of the love and veneration in which Dr. Hering was held by his colleagues. These proved so unique, so fine, and so faultless in expression, as to excite the wonder and admiration of all those present, several of whom were famed *literati*.

Dr. B. W. JAMES spoke feelingly of his intimate friend just departed, and while admitting faults, testified that Dr. McClatchey had been a positive man, a man that could always be relied on to act in a true, manly fashion in every emergency that called for loyalty and bravery. Everything he did, he did from principle. He had a good, true heart. None ever devoted more time and energy in working for the success of homœopathy, and for the welfare of the national, state, and county societies.

Dr. J. E. JAMES spoke of another side of Dr. McClatchey's character. While he was very positive, and expressed himself in debate firmly and sharply, owing to his strong convictions, he had something underneath that did not always appear,—a strong affection even for those who were apparently scathed by his remarks. His was a true, affectionate nature, not always demonstrative, but always influencing his actions in all the varied relations of life. Dr. McClatchey was a thoroughly religious man, but his religious nature was unfolded to few; he took little part in devotional exercises at church, but he had a firm reliance on a Divine Creator and Ruler.

Dr. P. DUDLEY referred to the fact that some of the best traits of Dr. McClatchey's character found expression during the leisurely strolls uptown after the society meetings. During these quiet walks he sometimes manifested if possible, a deeper interest in professional matters than he exhibited at the meetings. He remembered on one occasion, shortly after the sessions of the World's Homœopathic Convention in

1876, having remonstrated with Dr. McClatchey for doing more work than was good for him. His reply was characteristic: "I cannot live like a clam, satisfied with the water which surrounds it.—I cannot be a mere *medical* man; I must be a *professional* man or nothing." He spoke, with an evident tinge of bitterness, of the fact that he, with some other men, was wearing himself out in the service of his brethren, many of whom seem to have no thought and no ambition save to prescribe for a group of symptoms and to pocket a fee. "I know I am doing more work than is good for me," he continued, "but I cannot help it; it is a part of my nature, and I shall probably go on until, like many another soldier, I shall drop dead with my armor on." The prophecy then uttered has just reached its literal fulfilment.

The committee previously appointed then reported the following, which was unanimously adopted by a rising vote:

WHEREAS, We, the members of the Homœopathic Medical Society of the County of Philadelphia, whilst bowing to the Divine dispensation, nevertheless deeply regret the decease of our esteemed and distinguished colleague, Robert J. McClatchey, M.D., in the midst of activity and usefulness, as a physician, as a medical professor, as a man, as a husband and father, and as a Christian. Therefore,

Resolved, That we desire hereby to bear testimony to his great worth; and that we deplore the sudden sundering of the ties which bound us, his professional brethren, to him, and his departure from the scenes so long known to him and to us; recognizing his earnestness in defence of that which he regarded as the truth, his mental vigor and culture, his urbanity, his affectionate spirit among his friends, and his great personal and social influence.

Resolved, That we extend to the family and friends of our deceased brother, sincere condolence and sympathy in this affliction.

Resolved, That we as a body will attend his funeral.

Resolved, That the secretary of this society be requested to forward to the family of Dr. McClatchey a duly certified copy of these resolutions.

THE ALLEGHENY COUNTY, PA., SOCIETY, held a special meeting to take action upon the death of Professor McClatchey. In alluding to the loss sustained by the profession through this sudden dispensation of Providence:

Dr. J. H. McCLELLAND said: A week or two ago I received a letter from my brother, one of the students at the college, referring to the death of one of his classmates, from which I quote the following: "Professor McClatchey referred to this sad event at the close of one of his lectures, and, in the course of his remarks, said, 'You will all find that death is not so terrible a thing after all. As we grow older and death comes nearer, we come to regard it with less dread; when we would naturally fear it most, we fear it least. I am not a very old man, but when you get to be as old as I am, you will have found that the dying hour of one whose life is well spent, is his hour of triumph. Death in the household is then only hard for those who remain behind; and, as it is the common lot of all, they must bear their grief as best they can, and be assured that death is not the worst thing that can happen.'"

This sounds very much like a dying declaration, and it is not unlikely our friend felt impressed with the idea that his time to die was not far distant. He looked forward without fear. Dr. McClatchey was one of my earliest friends in the profession, and that friendship, warm and sincere, has never been interrupted for a day. He early enlisted my efforts in society and journal work, and was most indefatigable in organizing and promoting schemes for professional and public advancement. Thoroughly public-spirited, he oftentimes neglected his own personal gain. Whether

with hospitals, or societies, or journals, he displayed remarkable ability as an organizer. Not only was he himself a worker, but he had the faculty of keeping everybody within his reach at the work best suited to his capacity. He was ever ready to assist young men and bring them into notice; he seemed to know how to "bring them out," and was never lacking when counsel and encouragement were needed. Dr. McClatchey's services to our State Society should never be forgotten. In this hospital (the old building) the society was organized, with Dr. McClatchey as secretary, and we all know how many years he fairly carried it on his shoulders. The American Institute received some of the best efforts of his life, and the societies and hospitals of Philadelphia will greatly miss his wise counsel and helping hand. As editor, and author, and professor, his scholarly attainments gained for him world-wide reputation, and we cannot but realize that his loss to our school is a severe one.

Dr. W. R. CHILDS: Mr. President: My first acquaintance with Dr. McClatchey was some time during the last year of lectures in 1862 and 1863. I merely met him to shake hands and answer questions about Pittsburgh. In 1866 Dr. J. A. Herron and myself entertained a portion of the Philadelphia delegation at the meeting of the American Institute, here, when the State Society was founded. At that time I became better acquainted with him and maintained a pleasant relation ever since. At that meeting he was elected secretary and held the position until 1871 or 1872. During that time, by his excellent and zealous work, the society was placed upon a firm foundation. The labor on the *Transactions* was done almost entirely by himself, and the expense for some years came largely from his own pocket; and it was not until after his term of service was over that he was fully compensated.

The doctor might be said to be still a young man, though at the same time one of the most experienced men of our school, having seen nearly twenty-seven years of active service. Our friendship was always pleasant, and I little dreamed of the sad significance of his joking remark at the Monongahela House in 1878, when, announcing the result of the balloting, he said, with a flourish, "You are again elected to the position of necrologist, and I hope you will continue to be the necrologist until you write the obituaries of all us old fellows." The last time I saw him was at Easton. He was just recovering from a recent illness, speaking of which he said, "I thought you would have a chance to write up my report, but I have postponed it for a time." He was always genial, and when work was to be done, was always ready to put his shoulder to the wheel. He was given to encouraging the younger members of the profession, though always ranking among those who stood high among us, and enjoying the intimate friendship and confidence of our most distinguished men. He wielded a facile pen, and was prominent in bringing our societies and literature to the notice of those of the profession abroad as well as at home.

Dr. J. F. COOPER spoke feelingly of Dr. McClatchey. He had known him since the organization of the Pennsylvania State Society in 1866, and admired his personal efforts and intelligence in building up and sustaining the societies of our school of medicine. Few if any in our ranks have labored so much for homeopathy with so little thought of gain. Seldom forward to speak, but practical and to the point when he did address a society meeting, and ever ready as a writer, he was a most useful member of whatever society he attached himself to. Possessing intelligence of a high order, and the will to use it as he has done, he has made the homeopathic school largely his debtor. While feeling a sincere sorrow for the loss of a friend and comrade, there remains the consoling thought that his personal efforts have left the world the better for his having lived in it, and that he has assisted in training and preparing others to fill properly the

place his death has made vacant. The breach in our ranks will long be remembered with sorrow, and none of his associates will think of his sudden death without a feeling of grief for the broken family circle, the widow and the orphan.

The following minute was then reported by a committee previously appointed, and was unanimously adopted. On motion of Dr. John C. Burgher it was ordered that a copy be forwarded to the family of the deceased and that it be published in the *HAHNEMANNIAN MONTHLY* and the *New York Medical Times*.

IN MEMORIAM.—PROFESSOR ROBERT J. M'CLATCHEY, M.D.

The Homœopathic Medical Society of Allegheny County, Pa., having been convened in special session to take action upon the death of Professor Robert J. McClatchey, M.D., and the members having spoken of their friend in terms of warmest eulogy, a committee was appointed to formulate an expression for the adoption of the society, and has agreed upon the following:

That in the death of Doctor McClatchey the profession has lost one of its most valuable members and ablest defenders; for whether as physician, professor, author or editor, the same vigorous, painstaking and scholarly characteristics were ever conspicuous.

To the individual members his loss will be mourned as that of a friend, his genial presence and true gentlemanly bearing having endeared him to all.

To the family we can but offer sincerest sympathy, trusting they may receive strength and consolation from the Source of all good.

J. H. McCLELLAND,
W. R. CHILDS,
J. F. COOPER,
J. C. BURGER,
WILLIAM J. MARTIN,
Committee.

Z. T. MILLER,
Secretary *pro tem*.

R. E. CARUTHERS,
President.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, on January 16th, adopted the following:

WHEREAS, In the dispensation of Divine Providence, our esteemed colleague, Professor R. J. McClatchey, has been suddenly cut off in the midst of his professorial and professional duties and labors, therefore

Resolved, That in the death of Dr. McClatchey the college has lost an able, earnest, and efficient teacher, and the faculty, a wise counsellor, a zealous co-laborer and valued friend.

Resolved, That we extend to his bereaved family our heartfelt sympathy and condolence.

Resolved, That we suspend our lectures, and close the college until Friday, January 19th, and that we, as a faculty, attend his funeral in a body.

Resolved, That a copy of these resolutions be sent to his family, and that they be published in the *Public Ledger* and in the *HAHNEMANNIAN MONTHLY*.

THE FACULTY OF HAHNEMANN MEDICAL COLLEGE OF CHICAGO held a special meeting on January 16th and adopted the following preamble and resolutions:

WHEREAS, As a faculty and a band of personal friends we are called upon to mourn the death of Professor Robert J. McClatchey, of Philadelphia, one of the most prominent and promising members of the homœopathic profession; and

WHEREAS, As a body and as individuals we desire to express our great grief at this sudden calamity; therefore

Resolved, That while with humble and sorrowing hearts we bow in submission to the inevitable decree, we deeply deplore our loss.

Resolved, That in his death society has lost one of its most honored members and the medical profession one of its brightest lights, whose voice and pen were ever ready to advance its interests. Among the members of this body are those who taught him the first principles of medical practice and who have ever since cherished a just and growing pride in his prosperity. Others among us were his most intimate companions in college and by his side received the degree of Doctor of Medicine. All have known him from his professional infancy up to the day of his departure, and knew him only to admire. His gentlemanly bearing, his scholarly attainments, his genial, noble manhood, have won him a world-wide reputation, and brought him innumerable warm and loving friends.

Resolved, That we sympathize with the faculty of the Hahnemann Medical College of Philadelphia in the loss of so prominent and able a professor, and with the profession at large, which is bereft of one of its most active members, whose whole professional life has been spent to its honor and preferment.

Resolved, That we tender our sympathy to the afflicted family and friends in the bereavement they have sustained.

Resolved, That a copy of the above resolutions be sent to the Hahnemann Medical College faculty, to his family, and to the *Clinique* for publication.

THE HAHNEMANN CLUB, of Philadelphia, at a meeting held January 15th, adopted the following:

WHEREAS, It has pleased Divine Providence to remove by death this day the honored President of the Hahnemann Club of Philadelphia, Robert J. McClatchey, M.D., and

WHEREAS, It is fitting that we give expression to our sentiment of profound sorrow and our sense of loss and bereavement in his departure from among us; therefore

Resolved, That in his decease we have lost an honored president and a valued fellow-member, who was ever fruitful in plans for promoting the usefulness of our society.

Resolved, That as members of the profession to which he belonged we recognize in his death the loss of a highly educated and accomplished physician, independent in research, fearless yet courteous in the expression of his views, practical and skilful in his work as a physician, wise in council, benevolent, generous and a deviser of liberal things for the suffering poor.

Resolved, That as a feeble expression of our love for his character and our respect for his memory, the HAHNEMANNIAN MONTHLY be placed in mourning, and that we will attend his funeral in a body.

THE HERING CLUB OF PHILADELPHIA, at a special meeting held on January 17th, 1883, adopted the following preamble and resolutions:

WHEREAS, Almighty God in his wise providence has called from this world the soul of our friend and counsellor, Professor Robert J. McClatchey, M.D., who has always been an indefatigable worker in the profession, and whose zealous labors and liberality in the affairs pertaining to the advancement of Homœopathy cannot be overestimated; and

WHEREAS, He has ever shown a deep interest in the affairs of this club (representing the younger members in the profession); therefore be it

Resolved, That while bowing in submission to the Divine will we desire to place on record an expression of our personal loss in the death of one who had won the esteem of all who knew him, and whose kindness and beneficence will ever be held in grateful remembrance.

Resolved, That we tender his family our warmest sympathy in this their hour of trial, and that as a testimonial of our respect we attend his funeral in a body.

WILLIAM W. VAN BAUN,
EDWARD M. GRAMM,
FRANCIS O. GROSS,
Committee.

ACTION OF CLASS 4, ALUMNI ASSOCIATION, 1881.

WHEREAS, Our Good Father above has seen fit to remove from his sphere of earthly usefulness, our former beloved instructor and friend, Professor Robert J. McClatchey, M.D.,

Resolved, That we shall in the future miss the familiar words and writings, and shall feel ever and oft a veil of sadness drawing about us as we think of the past and our college life, and realize that one who always spoke to us honestly and earnestly, giving us the sincere convictions of a thoughtful and able mind, and following the promptings of a noble and generous heart, has been taken from us; yet

Resolved, That our sorrow shall be tempered with thanks to the Master that Robert J. McClatchey's work was well done, and that he has not only left a memory we shall cherish, but has left his impress upon many younger men, who shall go on, spreading wider and wider the thoughts, theories and facts first taught them by him whom we mourn.

Resolved, That a copy of these resolutions, together with our most heartfelt sympathy, be tendered the family of the deceased; also, that a copy be sent to the *HAHNEMANNIAN MONTHLY* of Philadelphia for publication.

BENJAMIN F. BAILEY,
Secretary.

CLASS OF 1882—HAHNEMANN COLLEGE ALUMNI.

WHEREAS, It has pleased an all-seeing Providence to remove from this life Professor R. J. McClatchey, and

WHEREAS, We the undersigned members of the Class of 1882, of the Hahnemann Medical College of Philadelphia, believing that the other members of the class are too widely separated to take any concerted action, and knowing that they share with us the feeling we express,

Resolved, That the student has lost an invaluable teacher and friend, who practiced the greatest self-denial, in so generously imparting his own experience and the fruits of a life-long study.

Resolved, That he is destined to live forever in his valuable literary contributions, as well as in those hearts, to which he disclosed the possibilities of medicine, and made glad by the genial exercise of his professional abilities.

Resolved, That the high esteem and reverence we feel for the memory of Professor McClatchey, enables us to deeply sympathize with his family in their great affliction.

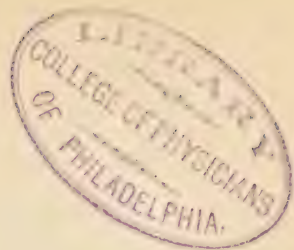
Resolved, That a copy of these resolutions be transmitted to the family, and published in the *HAHNEMANNIAN MONTHLY* and in the *New York Medical Times*.

THOMAS H. HICKS,
JOHN M. FOSTER,
R. K. FLEMING,
B. H. B. SLEIGHT,
GEORGE T. STEWART.

HOMOEOPATHIC HOSPITAL, WARD'S ISLAND, N. Y., February 17th, 1883.

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No. 3.

Original Department.

OZONE.

BY WM. ERWIN, M.D., CAMERON, MO.

OZONE is an allotropic form of oxygen, consisting of three volumes condensed into two. It is a colorless gas of a powerful and suffocating odor, somewhat resembling that of chlorine. It is a powerful oxidizing and bleaching agent, rapidly corroding organic matters, as the caoutchouc corks used in connecting the different parts of the apparatus in which it is generated.

Ozone bleaches most vegetable colors, oxidizes sulphide of lead into the sulphate of lead, changes yellow ferrocyanide of potassium to the red ferrocyanide, and colors moist sulphate of manganese brown from the formation of the hydrated peroxide. It is absorbed by moist iron, copper, and silver (in powder) and by mercury, with the production of their respective oxides; moist silver is even converted into peroxide.

Dry ozone is readily absorbed by dry mercury or dry iodine. In some cases it acts as a deoxidizer. It decomposes the peroxide of hydrogen or peroxide of barium with evolution of neutral oxygen, derived both from the peroxide and from its own decomposition.

Ozone is slowly changed to neutral oxygen by a heat but little above 212° Fahr.; this change is instantaneous at 570° Fahr.

Ozone, contained in dry air or dry oxygen, is decomposed in unlimited quantity by the dry peroxide of lead, manganese, or silver, or by the monoxide of copper; these oxides not undergoing any change of weight by the reaction. These unlimited effects may be explained by the successive or simultaneous occurrence of oxidation and reduction. Thus, dry silver-leaf is

at first obviously oxidized by ozone, and the resulting oxide is then reduced, and so on consecutively.

Ozone is not soluble in solutions of acids or of alkalies; it is slightly soluble in water, more so in alcohol and ether. If passed through hydrate of potassium or of sodium, the first portions are absorbed, probably from the presence of organic matter in the alkaline liquid, but soon it passes through apparently unaltered; but it is absorbed by a solution of iodide of potassium, decomposition takes place, hydrate of potassium being formed and iodine set free.

Some competent chemists assert that water is not a solvent for ozone, else rain-water from thunder-clouds would contain it. Prof. Bottger has examined specimens of so-called ozone water, and has found an acid reaction but no ozone; the acid was recognized as nitrous acid.

Prof. Carns, on the contrary, positively states that ozone is present in considerable quantity without any free acid. He asserts that water dissolves about its own volume of ozone. Schone finds that water perceptibly absorbs ozone and partially destroys it. Upon collecting ozonized oxygen over a pneumatic trough the quantity of ozone in it was diminished about one-fourth; upon longer contact the loss increased, amounting in three days to one-half, and in fifteen days no trace of ozone remained.

According to Meissner (*Jahresb.* 1862, p. 130), ozone water (aqueous solution of ozone) exhibits in certain cases an action opposed to that of hydrogen peroxide, preventing the separation of iodine from iodide of potassium by hydrogen peroxide and dilute acids, or by nitrate or iodate of potassium with acids. He also states that when it is shaken up with peroxide of barium a violent evolution of oxygen takes place, and the filtrate no longer exhibits the reactions of ozone.

According to Jonglet (*Compt. rend.* lxx. 539), nitro-glycerine, dynamite, iodide and chloride of nitrogen explode in a vessel containing ozone: ordinary gunpowder alters considerably in the course of six weeks.

P. J. Hollman finds (*Jahresb.* 1868, p. 136: *Nierland*, III., 260), that one gram of ozone in passing to the state of ordinary oxygen gives off 355.5 units of heat.

Schonheim made ozone test papers by dissolving one part of pure iodide of potassium (free from iodate) in two hundred parts of water, then heating with it ten parts of starch. This was spread on slips of unsized paper and kept in stoppered bottles in the dark. Mr. Day, of New York, has succeeded in making

a species of kirite suitable for flexible connections for ozone apparatus.

Ozone never varies, no matter by what process it is obtained. It may be prepared in many ways; viz.:—by decomposing the peroxide of barium, potassium, sodium, lead, or the permanganate of potassium with sulphuric acid, by the slow oxidation of phosphorus, or by means of electricity.

Transmit a current of pure dry oxygen or of dry air through a tube into which a pair of platinum wires is sealed with their points a little distance apart; connect one of the wires with the prime conductor of an electrical machine in good action and the other wire with the earth, or connect the wires with the terminal wires of a Ruhmkorff coil; and in either case a powerful odor of ozone is produced in the issuing gas, notwithstanding only a minute portion of the oxygen is changed to ozone.

Houzeau has constructed an apparatus called an ozonizer. In an ordinary straight gas delivery-tube is placed a coiled wire of copper, lead, or better, of platinum, four to six decimeters long (16 to 24 inches), with one of its extremities passing through the side of the upper portion of the tube. On the exterior of the tubes is coiled a similar wire over the path of the preceding. Upon connecting the wires with a Ruhmkorff's coil giving a 2 or 3 centimeter (.79 to 1.18 inch) spark, a slow stream of oxygen passing through the tube will be strongly charged with ozone. With this apparatus, Houzeau has prepared oxygen containing from 60 to 120 milligrams of ozone per liter.

Siemens's induction tube for producing ozone consists of a glass tube coated internally with tinfoil (or silvered inside), and surrounded with another tube which is coated with tinfoil on the outside. When the inner and outer coatings are connected with the terminal wires of an induction coil and a stream of dry air or of oxygen is passed between the tubes, a strong odor of ozone is produced at the exit.

Bouillot (Compt. rend. lxxv. 214; Chem. Soc. J. [2], x. 879) describes an apparatus similar to that of Siemens's, except that, instead of coating the tubes with tinfoil, powdered coke is used and is made to adhere by means of gelatine; and both tubes are coated upon their outer surfaces. A somewhat similar apparatus is described by A. W. Wright (Sill. Am. J. [3], IV. 26; Chem. Soc. J. [2], x. 1071).

"Brodie electrolyzed carbonic acid and found it to be decomposed into carbonic oxide and free oxygen, 75 per cent. of

which was changed to ozone. In one series of experiments as much as 85 per cent. of the oxygen eliminated was changed to ozone. The electricity acted upon the nascent oxygen to produce such a large proportion of ozone." (7 A. Apr. 1874, 309.)—Ann. Record of Science and Industry, 1874, p. 203.

When a solution of the sulphates, chromates, phosphates, and of several other salts of the alkali-metals is decomposed electrolytically between plates of platinum or gold, the oxygen evolved has a powerful odor of ozone. It may be obtained by the electrolysis of water strongly acidulated with chromic and sulphuric acids.

For this purpose the following is a good arrangement: A coated wire having attached to its extremity a piece of crumpled platinum foil, which constitutes the negative pole, is dipped into the electrolyte contained in a cylindrical porous cell, and an inverted funnel, just small enough to slide into the cell, is suspended therein to collect the ozone in a stream from its narrow orifice. The positive electrode may be a plate of platinum foil dipping into a vessel of the electrolyte surrounding the porous cell.

Prof. Bottger says that if a solution of nitrate of bismuth be decomposed by the galvanic current an uncommonly large amount of ozone is developed.

Schonheim strongly ozonized air by forcing it through a Bunsen burner. Prof. Albert R. Leeds describes an ozone generator as follows: "Melt phosphorus under water in a watch-glass, and when cold place it with its convex surface upwards on a perforated lead tray provided with slots so that it may be easily introduced into a bell glass and brought to rest on short glass rods attached to the jar a little above the rim. A bell glass thus furnished with five or six cakes of phosphorus is then plunged into a glass jar containing a solution of 25 grms. of potassium bichromate in 1250 c.c. of water acidulated with 150 c.c. of sulphuric acid, so that the convex surface of the phosphorus, kept clean by the energetic action of the solution, remains exposed and ozonizes the air in the bell glass."

According to O. Loew (Zeitschr. f. Chem. [2], vi. 65, 269), ozone is produced in active as well as in slow combustion. He also found that air which had passed through a Bunsen burner smelled strongly of ozone, turned guaiac paper blue, and liberated iodine from iodide of potassium.

Andrews and Tait (Phila. Trans. 1860), have shown that to get the maximum effect in electrifying oxygen it is necessary to transmit the discharge *silently* between very fine points. By

operating upon pure dry oxygen in sealed tubes with great care to prevent the transmission of sparks, a large proportion of the oxygen was changed to ozone. The passage of the spark destroyed a large portion of the ozone produced.

From numerous experiments, Houzeau (*Compt. rend.* lxx. 1286) finds that the formation is more rapid in renewed than in confined air, and that it takes place more abundantly at the negative than at the positive pole. The formation of ozone increases with the duration of the electrization up to a certain point only: it increases with the intensity of the electricity; diminishes as the distance between the electrodes is increased; varies with the length or surface of the electrodes; and increases under otherwise favorable circumstances when the action of both electrodes is made available.

The formation of ozone increases considerably as the temperature is lowered. According to Prof. Albert R. Leeds, below a temperature of 43° Fahr. no ozone is generated, but as the temperature rises the evolution of the gas increases up to 60°, and from that point on it again rapidly diminishes. Most authorities, however, are inclined to place the temperature of maximum production much lower than 60°. Under otherwise favorable circumstances oxygen yields from seven to ten times as much ozone as atmospheric air, and that obtained from the latter is usually contaminated with small quantities of nitrogen compounds.

Schonheim and Phipson (*Chem. News.* viii. 103) have observed that air in contact with the juice of fungi becomes ozonized. Phipson finds that ozone is produced when slices of apple are exposed to the air, and is of the opinion that the processes of fermentation, putrefaction, and decay, are likewise attended by ozonization of the air. Schonheim has shown (*Am. de Chimie*, iii. lviii. 479) that in various processes where ozone is formed, small quantities of hydrogen peroxide are also produced.

Ozone was liquefied by MM. Hautefeuille and Chappuis by submitting oxygen at a temperature of 23°, to the silent discharge of an induction coil for fifteen minutes, and then subjecting it to a pressure of ninety-five atmospheres in Cailletet's apparatus. It appeared of a dark indigo-blue color (*Scientif. Am.* Nov. 27, 1880, p. 349).

Ozone is most abundant in the atmosphere during the months of May and June; in fall and winter (Nov. to Jan.), it attains its minimum, increasing again in March. It is least abundant in the atmosphere of cities, and is most abundant in densely wooded regions, especially in coniferous and resinous

woods, and in sea air. Some years are exceptionally rich in ozone. It is produced in nature by electric discharges in the atmosphere, and is therefore more abundant in the neighborhood of strongly electrified cloud-masses, and in general in the higher regions of atmosphere.

Through the agency of rain, and particularly of snow, as well as by the descent of condensed moisture, it is conveyed to the lower regions of the atmosphere. It is then rapidly decomposed by coming in contact with oxidizable substances of either vegetable or animal origin, on which it can exert its destructive effects. Such bodies as carbonic oxide, sulphuretted and phosphuretted hydrogen, are at once attacked, deprived of their gaseous form, and transformed into other combinations, which are then transferred to the earth.

Air loaded with putrid or miasmatic exhalations is immediately purified by contact with ozonized air, and a development of such exhalations cannot easily take place in the presence of ozone.

The action of ozone on such impure air is extremely powerful. According to Schonheim, an atmosphere containing one volume of ozone in 3,240,000 volumes of air is capable of destroying all noxious matter in an equal volume of miasmatic air.

Though probably inferior to permanganate of potassium and charcoal as a deodorizer, it is doubtless the most powerful disinfectant known, and for this reason is of the greatest value in the sick-room. For this purpose it can be most conveniently produced by placing a small quantity of permanganate of potassium, or peroxide of barium on a dish and slowly adding dilute sulphuric acid. Or if a constant evolution of ozone is desired, an apparatus similar to that described by Prof. Leeds is suitable, except that, instead of using a bell glass, an open cylinder is required.

Just what use can be made of ozone in therapeutics remains to be determined. Many physiological experiments have been made with it which show that it is a powerful irritant, and when its effects are fully known, it may prove to be as powerful an agent for the cure of disease.

Experiments made by Dr. Redfern of Queen's College, Belfast, show that the inhalation of oxygen containing only $\frac{1}{240}$ of its volume of ozone is rapidly fatal to all animals, causing death by intense congestion of the lungs, with emphysema and with distension of the right side of the heart. The blood after death is found in a venous condition.

Mr. Dewar and Dr. McKendrick breathed an atmosphere highly charged with ozone, and observed the following effects,

viz. : suffocating feeling in the chest, a tendency to breathe slowly, irritation of the fauces and glottis, a tingling of the skin of the face, and a feebler pulse.

The inhalation was continued eight minutes, when they were compelled to desist. The experiment was followed by a violent irritating cough and sneezing, and for five or six hours by a sensation of rawness in the throat and air passages. Experiments were made on warm and cold-blooded animals, and on the separate living tissues of the body.

The inhalation of an ozonized atmosphere is followed by a lowering of the temperature of the body to the extent of even ten or twelve degrees, though it produces no appreciable effect upon the capillary circulation ; and the contractility and working power of the muscles of the frog were found to be unaffected. Ozone acts on blood-corpuscles in a manner similar to that of a weak acid.—12 A. 1873. ix., 104 ; Ann. Record of Science and Industry 1874, p. 563.

In a unanimous petition of a German medical society to the Prussian government in Dec., 1872, for further opportunity to test the effects of ozone water, it is stated that this preparation (of which the quantitative analysis and electrolytic method of manufacture were given by Prof. Carns in the German Chemical Society, June, 1872), has proved so decidedly efficacious in malignant diphtheria, typhus, acute arthritis, and against the consequences of chronic affections of the heart, that its tonic and disinfectant properties deserve to be more widely known, especially as oxygen has already been placed in the French Pharmacopœia, and English observers announce a decidedly beneficial action of hydrogen peroxide in pertussis, although it is much inferior to ozone water in oxidizing power.

While much is known of the properties of ozone, it is evident that much yet remains to be learned, and if any of my professional brethren obtain new light upon the subject and will communicate it to the writer, they will receive due credit when enough new facts are obtained to render them worthy of publication.

REPORT OF A CASE.

BY T. E. PARKER, M.D.

(Read before the Chester, Delaware, and Montgomery County Homeopathic Medical Society.)

My brother, aged 25 years, has until recently been subject to annual attacks of articular rheumatism every spring since he was ten years old. He usually received little or no treat-

ment, for the several attacks ended, after four or five weeks, in complete recovery. After the first seizure, however, his limbs never fully regained their former plumpness. On no occasion had there been any alarming symptoms or any important metastases. The last onset of rheumatism, three years ago, was accompanied with an annoying constipation. It was relieved with a mild injection.

Last fall, after working all summer on a farm, my brother felt, as he expressed it, as if he was getting to be lazy. During the succeeding winter his stools were dry and hard, and defecation became irregular, with want of peristalsis. He easily grew tired; still he continued to attend to business without making his complaints known to anyone. He lost flesh steadily and grew weaker all winter. In the spring, soon after my graduation, I was asked to relieve his constipation. Naturally anticipating the annual return of rheumatism, I selected Bryonia as a remedy suiting this tendency as well as the constipation. But, though employed for some time, it failed to relieve. I noticed no symptoms of the suspected disease. By this time the stools had become very hard and round, and they dropped from the rectum merely in obedience to gravitation, there appearing to be no peristaltic action whatever. He complained further of an uncomfortable heaviness over the hypogastric region; worse after drinking water. He was very thirsty. Milk in small quantities agreed with him. He suffered, too, from discomfort after eating. His face wore an anxious expression, his mind was weakened, and he was continually worrying about his inability to work. It was exceedingly difficult to get any satisfactory answer from him. Opium was prescribed, which helped the mental condition and constipation; but after a while it ceased to do any good. Nux and Arsenic followed.

With the increase of warm weather came an increase of ailments. The abdomen was so retracted one could almost touch the back-bone; his face assumed a cadaverous appearance, the muscles were reduced, food distressed him, and the stools were voided only with the aid of injections, and these prostrated him. He could not recollect numbers, his pulse was weak, and his breath had a slight sour smell. Heart and lungs were normal. The tongue was coated of a dirty, yellowish color, with small spots looking as if scooped out. About the middle of July his condition was very precarious. He was greatly prostrated; he was restless, desiring to change beds and rooms. He slept well until 4 A.M., when he wished

to be removed to the porch, and then he would remain comfortable for about two hours. Then he would demand to be removed to his bed again.

I now consulted Dr. J. B. Wood, who advised the continuance of the Arsenic, which the last symptoms had suggested to me. In a few days, the weather having moderated, he was more comfortable. His food consisted now of half a raw egg beaten up in a glass half full of water, to which was added a teaspoonful of home-made wine. Calc. phos. was next employed, and, with cool weather, came a gradual return of strength. Stools were passed every three or four days, hard, but not requiring injections. Recovery was very slow. Plumb. met. caused an improvement in the consistency of the stools, and he soon became strong enough to travel about and to do light chores. The remedy was continued at intervals for some time. As soon as the relaxing weather of spring gave place to summer weather, he improved more rapidly, and, by mid-summer, was able to do light work. His weight had now increased from about 90 pounds to 140 pounds.

During the present summer he has entered earnestly into farm-work, and feels well and strong, except that occasionally he suffers from constipation, etc. Plumbum quickly relieves.

The diagnosis of his disease was difficult after the rheumatism disappeared. I thought that possibly working in tobacco increased the weakness, especially as he did not use the weed himself.

Had I treated him with purgative medicines I doubt not but that, in his weak and prostrated condition, he would have died.

SPASMODIC STRICTURE OF THE ŒSOPHAGUS.

SYNONYMS: *Spasms of the Œsophagus*; *Œsophagismus*; *Spasmus Œsophagi*; *Dysphagia Spasmodica*; *Œsophagospasmus*.

BY W. T. LAIRD, M.D., UTICA, N. Y.

(Read before the Oneida County Homœopathic Medical Society.)

THIS "very singular disease," as Gross justly styles it, attacks both sexes, and may occur at any period of life from infancy to old age, but is most common in "nervous, excitable girls soon after the age of puberty," and in hysterical women at the menopause.

It may arise from a great variety of causes, of which perhaps the most frequent is *local irritation*, due to hyperæsthesia, inflammation, corrosion or ulceration of the lining membrane of the tube, the presence of morbid growths and foreign bodies,

either in the pharynx or œsophagus, or to external pressure upon the œsophageal walls, occasioned by disease of the cervical vertebrae, retropharyngeal abscess, bronchocele, enlarged lymphatic ganglia, tumors of the posterior mediastinum, aneurisms of the aorta, carotid, or innominate artery, etc.

It may also occur as the result of irritation or actual disease of the brain, spinal cord, and pneumogastric nerve, or be dependent upon tetanus, hydrophobia, and hysteria.*

Another potential factor is "irritation of the terminal branches of the vagus nerve external to the œsophagus."† Under this head may be included diseases of the larynx, functional or organic affections of the stomach, especially carcinoma, intestinal irritation, due to worms, and uterine irritability dependent upon pregnancy, metritis, flexion, or morbid growths. In vol. ii. of the *American Homœopathic Review*, Dr. B. F. Joslin, Jr., gives the details of a singular case which terminated fatally. At the autopsy an osseous tumor "one inch long and one-half inch in breadth, with numerous spiculæ of bone projecting from it," was found loosely attached to the trachea just above its bifurcation and "closely adherent to the posterior surface of the vena cava superior." Intimately connected with its anterior surface was a nerve-filament, which was believed to be the cardiac branch of the vagus. As the tumor exerted no pressure upon the œsophagus, "it could only be implicated in the production of the symptoms by its relation with the pneumogastric nerve."

Again, in a certain proportion of cases the spasm may be induced by "peripheral irritation of other centripetal nerves not in any way connected with the œsophagus."‡ A striking illustration of this fact will be found in the instances cited by Gross,§ in which the whole train of morbid phenomena promptly disappeared after the hæmorrhoidal irritation. According to Ziemssen,|| the medulla oblongata, through the pneumogastric, restrains the reflex muscular action of the œsophagus. Peripheral irritation acts, therefore, not by producing a true reflex contraction, but by diminishing the energy of the medulla, in consequence of which the ganglionic plexuses of the œsophagus "become so sensitive that the slightest causes which escape our observation produce tetanic spasms of its muscular coat."¶

* Hamburger asserts that *globus hystericus* is the first stage of spasmodic stricture—a view which is not sustained by Ziemssen and other writers.

† Ziemssen's *Encyclopædia*, vol. viii., p. 206.

‡ Ziemssen, loc. cit.

|| Loc. cit.

§ Gross's *System of Surgery*, vol. ii., p. 498.

¶ Ibid.

Finally, in many instances the origin of this affection is undoubtedly psychical. Profound mental disturbances, as anger, fright, or the fear of hydrophobia, "even in cases where the bite came from a dog not at all suspected of being mad,"* are sufficient to bring on an attack, while in persons subject to these paroxysms, the dread of their recurrence, or merely the thought of swallowing, may induce the spasm.

According to their etiology, spasmodic strictures of the œsophagus are divided into *symptomatic* and *idiopathic*, the latter including all those "in which no definite anatomical cause can be demonstrated."†

Symptomatology.

The characteristic symptoms are sudden attacks of dysphagia with pain in the pharynx and œsophagus, or in the œsophagus alone, a sensation of burning and constriction in the chest, embarrassed respiration, great mental distress, with fear of impending suffocation, and in severe cases violent muscular spasms of the pharynx, larynx and chest. If the upper portion of the œsophagus be affected, food and drink are ejected as soon as the patient attempts to swallow. When the constriction is at or near the cardiac extremity, the alimentary bolus is first swallowed, and then regurgitated, mixed with mucus and gas. In the majority of cases, however, deglutition, although difficult, is not impossible; and after repeated violent exertions and copious eructations the food finally passes into the stomach. Liquids are usually swallowed more easily than solids, but in rare instances the reverse may be true. Some patients swallow warm fluids best, others cold fluids. By careful auscultation in the dorsal region, sounds due to bubbles of air rising in the œsophagus, or in more advanced cases those caused by regurgitation of the ingesta can be distinctly heard. A sound, passed gently down the tube, is arrested at the stricture, but if the point be firmly pressed against the constricted portion for a short time, the obstruction disappears, either suddenly or gradually, and the instrument enters the stomach. It is not always possible, however, to thus positively demonstrate the existence of spasmodic stricture, for many cases are recorded in which the introduction of the sound merely into the pharynx promptly dispelled the spasm.

The duration of a single paroxysm is usually brief, rarely lasting more than a few minutes, but in exceptional cases it may continue for hours and even days. The spasms generally

* Ziemssen, loc. cit.

† Ibid.

recur at irregular intervals; in some instances, however, they manifest a periodical tendency, coming and going very much like a paroxysm of intermittent fever.*

The disease, with occasional remissions and exacerbations or even with long periods of complete quiescence, may extend over many years, and Aird† has reported a case in which it persisted "during the whole course of a long life." Usually, however, and especially under proper treatment, recovery takes place in a few weeks or a few months. As a rule, there is no emaciation.

Under the name of "*Stenosis spastica fixa continua*," Hamburger has described a rare form of this affection, in which a painless, spasmodic contraction persists for weeks and months, with "fluctuations of intensity, without at any time complete disappearance of the spasm." In consequence of this long-continued interference with deglutition, nutrition is impaired, and the health of the patient seriously affected.

Post-mortem examinations have thus far yielded only negative results.

Diagnosis.

An accurate diagnosis, especially in early stages, is often exceedingly difficult; and no positive opinion should be expressed until long-continued observation has enabled the physician to exclude all possible sources of error. No reliance can be placed upon the suddenness of the attack, since the published cases of Drs. Thornton and Moorehead‡ show that this sudden dysphagia may be the first appreciable symptom of carcinomatous stricture. The most reliable diagnostic tests are the intermittent paroxysms and the prompt disappearance of the spasm after the introduction of the sound or galvanization of the pneumogastric. These will usually be sufficient to distinguish spasmodic stricture from inflammatory or carcinomatous stenosis, dilatation, paralytic dysphagia, morbid growths, the impaction of foreign bodies, or obstruction due to external pressure. Even in the "*Stenosis spastica fixa continua*" of Hamburger, there are occasional brief intervals in which the power of deglutition is almost wholly regained.

But the most puzzling cases are those in which the diagnosis lies between spasmodic and *imaginary strictures*. The latter occur in hysterical persons and lunatics who, imagining that they have swallowed some substance which has lodged in the pharynx or oesophagus, protest their inability to swallow and

* Gross's Surgery, loc. cit.

‡ Vide Lancet, 1881.

† Quoted by Ziemssen, loc. cit.

refuse to make any attempt at deglutition. The sound passes down the œsophagus without meeting the slightest obstruction; but this cannot be considered a distinctive test, for in true œsophageal spasm the constriction often disappears as soon as the instrument reaches the pharynx. Dr. S. R. Beckwith reports * two cases of this kind, which were cured by a pretended operation for the removal of the foreign body; and in doubtful instances, where all other means of diagnosis fail, as they often will, the resort to a similar deception may enable us to arrive at a correct decision.

Prognosis.

Spasmodic stricture of the œsophagus is rarely a dangerous disease *per se*. Of the idiopathic form, only two fatal cases have thus far been reported—one published by Dr. Powers in the *Lancet* for 1866, and that of Dr. Joslin already quoted; and in the former the recorded symptoms justify the conclusion that the patient died of bulbar paralysis rather than idiopathic spasm of the œsophagus.† As a rule these cases are curable, but all predictions in regard to their probable duration must be very guarded.

In the symptomatic variety the prognosis depends entirely upon the nature and curability of the primary lesion.

Treatment.

According to Professor E. A. Farrington,‡ the remedies for spasmodic stricture of the œsophagus are: Alumina, Arg. n., Arsenic., Asafœt., Bapt., Bell., Bryon., Canth., Carbo veg., Cicuta, Coccul., Elaps, Hydroc. ac., Hydroph., Hyos., Ignat., Kali bich., Kali c., Lach., Lyc., Naja, Natr. m., Nitric ac., Phos., Plumb., Rhus tox., Stram., and Verat. vir.

Of these Alumina, BELL., Canth., Carbo veg., Cicuta, Hyos. Ignat., LACH., LYC., and Stram. correspond to spasms of the upper portion, while ARG. N., Arsenic., Lach., and PHOS. are applicable when the cardiac end is affected. Spasmodic stricture due to œsophagitis calls for ARSENIC., Rhus tox., and Verat. ver. Asafœt., Coccul., Ignat. and Lach. are useful "in nervous hysterical persons, where there is also reversed peristalsis."§ Dr. Joslin recommends Bell., Ignat., Merc. sol., Natr. mur., and Puls., Baptisia, Belladonna and Phosphorus have the best clinical record.

* Medical Counsellor, vol. ii., p. 165.

† Ziemssen, loc. cit.

‡ "Studies in Materia Medica," Hahn. Monthly, vol. 15.

§ Ibid.

Special Indications.

Alumina.—Sensation of constriction in the œsophagus every time he swallows a mouthful of food; violent pressive pains as if a portion of the œsophagus were contracted or compressed in the middle of the chest, especially during deglutition, but also when not swallowing, with oppression of the chest alternating with palpitation of the heart, especially after a meal. *Great dryness of all the mucous membranes.*

Argent. nit.—Paroxysms of cramp in the œsophagus: the œsophagus feels spasmodically closed, producing a *sensation in the stomach as if it would burst.*

Arsenic.—Violent burning pains, soreness and sensation of constriction in the œsophagus: deglutition difficult, painful or impossible; food either lodges in the œsophagus, producing a feeling of pressure, or is ejected as soon as it reaches the pharynx; dryness and burning in the throat; *characteristic thirst and mental symptoms.*

Asafœtida.—Food when partially swallowed returns into the mouth; spasms of the œsophagus with reversed peristalsis; aching and burning in the œsophagus; *mental and physical hypersensitiveness; nervous, hysterical persons.*

Baptisia.—œsophagus feels constricted from the pharynx to the stomach; CAN SWALLOW LIQUIDS ONLY; *aversion to the open air.* (This inability to swallow solids is also found under *Natr. mur.*, *Nitric ac.* and *Plumb.*, but is considered by Prof. H. N. Guernsey to be especially characteristic of *Bapt.*)

Belladonna.—Violent spasmodic contractions of the œsophagus causing the food to be expelled; extremely difficult and painful deglutition, with sensation as if the parts were *too narrow*; constant desire to swallow, but every attempt at deglutition renews the spasms of the pharynx and œsophagus; *face flushed, pupils dilated.* (*Bellad.*, *Cicuta*, and *Ignatia* are especially useful when the spasmodic contractions are due to the presence of a foreign body.)

Bryonia.—Pressive, sticking pains and painful sensation of contraction in the œsophagus, especially in the lower portion, with inability to swallow.

Cantharis.—Burning and constriction of the œsophagus; deglutition difficult, painful or impossible; nocturnal regurgitation; thirst with aversion to all fluids.

Carbo veg.—Painless spasmodic contraction of pharynx and œsophagus, dysphagia; *feeling of coldness in the throat.*

Cicuta.—Spasmodic closure of the œsophagus with danger

of suffocation after swallowing a sharp piece of bone; deglutition impossible; the throat seems grown together internally and is painful externally; frequent eructations.

Cocculus.—Choking constriction of the Œsophagus causing dyspnœa and cough; dryness of the pharynx and Œsophagus; burning pain in the Œsophagus, pharynx and fauces, with taste of sulphur in the mouth; desire for acids or thirst with aversion to drink; hysterical persons.

Elaps.—Constriction of pharynx and Œsophagus; food and liquids are suddenly arrested and then fall heavily into the stomach. (Spasm followed by paresis.)

Hydrocyanic acid.—Spasms in pharynx and Œsophagus, with heat, inflammation and inability to swallow.

Hydrophobinum.—Spasms of the Œsophagus returning periodically; constant ineffectual urging to swallow; aversion to all fluids, especially water; burning, stinging pains in the throat; speech difficult or incorrect.

Hyosc.—Spasmodic contractions interfering with speech and respiration; *aggravation from cold fluids; solids and warm drinks are swallowed most easily*; hiccough, nausea, spasmodic cough and stiffness of the cervical muscles.

Ignatia.—Sensation of a lump in the throat; difficulty in swallowing solids or liquids; hysterical patients.

Kali bich.—Burning sensation from pharynx to stomach; pain and sensation as if something remained in the Œsophagus after swallowing solids.

Kali carb.—Food lodges in the Œsophagus and produces gagging and vomiting; dysphagia, with great sensitiveness of the Œsophagus, which is aggravated by warm food or drink—*can take only lukewarm nourishment*.

Lachesis.—Sensation as if a button or crumb had lodged in the throat; gagging and smothering when attempting to swallow, as if the food had gone the wrong way; *can swallow solids more easily than liquids; the spasms rouse him from sleep or develop as he awakes; intolerance of all pressure about the neck and throat*.

Laurocerasus.—Spasmodic contraction of the throat and Œsophagus, with impeded deglutition; dull pain in the throat, extending to the *right scapula*; burning pain in throat, with accumulation of tenacious mucus.

Lycopod.—Feeling of contraction in the throat preventing deglutition; food and drink regurgitate through the nose.

Merc. sol.—Difficult deglutition, with danger of suffocation; liquids are ejected through the nose; pressure, burning and aching pains in the Œsophagus.

Naja.—Deglutition greatly impeded, hardly anything can pass into the stomach.

Natrum mur.—Spasms of the pharynx; can swallow only liquids; solids when they reach a certain point are violently ejected, with gagging and attacks of suffocation.

Nitric acid.—Violent pain during deglutition; can swallow only liquids; while eating, small pieces of food are forced into the choanæ.

Phosphorus.—Dryness and burning in the pharynx and œsophagus, with difficult deglutition; *food scarcely swallowed comes up again.*

Plumbum.—Violent spasmodic constriction of the œsophagus; liquids can be swallowed easily, but solids come back into the mouth; burning in the œsophagus and stomach.

Pulsatilla.—Choking pain in the pharynx as if from swallowing too large a morsel; sensation as if the pharynx were swollen; difficult deglutition.

Rhus tox.—Solids can only be swallowed with difficulty owing to a feeling of contraction in the œsophagus; burning and soreness in the œsophagus.

Stramonium.—Violent constriction of the throat; deglutition difficult, almost impossible; terrible spasms of the throat when attempting to swallow.

Verat. vir.—Spasms of the œsophagus, with or without rising of frothy, bloody mucus; constant inclination to swallow; dryness and heat in the throat; burning in the fauces and œsophagus; constant distressing hiccough; nausea and vomiting.

The prompt relief obtained by the passage of a sound, or its introduction merely into the pharynx, has already been mentioned. Usually this treatment is only palliative, but in some cases it effects a permanent cure. Great caution must be observed in the performance of this apparently trivial operation. When the walls of the œsophagus are weakened by inflammation or ulceration, the instrument in unskilful hands may produce laceration, rupture, or perforation; and where the calibre of the canal is narrowed by the pressure of an overlying aneurism, the end of the sound may penetrate the aneurismal sac and cause instant death from hæmorrhage.

Electricity has been successfully employed in obstinate cases. It may be applied indirectly through galvanization of the pneumogæstrie, or directly by means of an insulated œsophageal electrode passed down to the constricted part and connected with the positive pole of a galvanic or faradic battery, preferably the latter.

The diet should consist principally of nutritious liquids; and in case of long-continued spasm associated with marked impairment of nutrition, the patient must be fed through an œsophageal tube.

CASE OF PUERPERAL ECLAMPSIA.

BY CHANDLER WEAVER, M.D., FOX CHASE, PA.

THIS patient I reported in the *HAHNEMANNIAN* of June, 1880. The patient had puerperal eclampsia with premature labor and albuminuria. I report again to show what *can* be done by the homœopathic remedy. She became pregnant July, 1881. I watched her about every four to six weeks, and prescribed for symptoms present, with the result of preventing any albuminuria; the remedies she needed at different times were *Ars.* and *Gels.*; a few weeks before the expected time I gave her some *Act. rac.* to aid the coming contraction of the uterus, as heretofore she had had her babes taken away without any action from uterus. I was summoned at six A.M., April the 24th; pains had commenced about one A.M., came on regularly and at shorter intervals. On making an examination, found the os uteri dilated at least three inches; put her to bed at seven A.M., child was born at eight forty A.M., without any assistance. It was a large, healthy boy of nine to ten pounds.

Same day, eight forty P.M., natural good flow, bright red; had two naps of over half an hour each; no pains or aches anywhere, except when baby nursed, which showed the contraction of the uterus; no headache; about two A.M. the next morning (Tuesday) commenced with sharp pain in right hypochondrium; made worse by motion, shortness of breath caused by pain; no other trouble except that when falling asleep it seemed as if somebody was after her. She sent to the office, and received *Bell.* in water every twenty minutes until better; four doses relieved; it was followed by tenderness in pit of stomach, and a dull frontal headache; afraid she was going to have her old troubles, cried some when thoughts were on the subject; lochia and urine normal, few clots passed; at eight forty A.M., sent after me in a hurry, as she "had some funny feeling in head," as it was described; had a slight convulsion, especially of the face and neck; frothed at mouth and bit her tongue; went from this into a heavy sleep, and on arousing knew nothing of what had happened, except that she had a sore tongue; discharges normal; prescribed *Hyos.2x* in water every twenty minutes until better; ate, napped, but seemed

dull and strange all morning ; urine involuntary, not very profuse ; complained a great deal of her head ; pupils dilated or contracted ; spasm would draw the head to the left side. I called again at noon, found her sleeping ; while I was there she went into another spasm ; seemed to begin the same way, but went more generally over the body ; clonic and tonic spasms ; thought the Hyos. ought to show its action by this time ; the symptoms were unchanged and she was getting worse ; sight was gone ; vomited if she ate anything ; then she would sleep into another convulsion. As Gels. had stopped the spasms two years before, I thought it probably might be the *similimum*, so I gave it in water ; she was exceedingly restless and picking at covers all the time, would lay them off instantly, no matter how quietly they were placed over her. Fingering the private parts ; craved and called for beer ; said we were trying to poison her ; would spit medicine out ; if we forced it down, she would try to force vomiting, by putting her fingers down her throat, if we were not watching her closely ; struck at us in rage ; but was not affected by light or water ; arterial excitement ; would hear the slightest noise and listen to make out what it was, generally able to tell us what it was ; when spasms came on I applied chloroform, 1 part, with ether, 2 parts. The anæsthetic would break the spasm in less than two minutes. The convulsions occurred at varying intervals during the day and the following night. On Wednesday morning, forty-eight hours after delivery, I noticed the discharge had become very offensive and dark ; a great deal of blueness of hands when in spasm. I gave a drop or two of *Secale* with about as much water, and repeated this every fifteen minutes for the next hour and a half, then every twenty minutes until I found that she was going over two hours and ten minutes, which had been the longest interval between the convulsions all night ; then I continued it every half hour ; she had one at eight-thirty, but very much lighter, and twenty minutes over time. I felt encouraged and continued the *Secale* ; called three hours later and found she had had no more convulsions ; would allow them to cover her up ; continued *Secale* with a little more water to it ; called again at eight-thirty P.M., she had only one since I was there, and that one at twelve-thirty P.M., but still lighter ; the lochia and urine became more natural, the appetite returned, and under the subsequent use of *Nux vom.* the bowels became regular and the functions generally were restored to their normal condition.

I report this case to show that even if we are successful in

keeping women in a healthy state, they may have puerperal spasms. This case was apparently natural in everything, lochia, urine, temperature, etc., until after the convulsions set in.

A PARTIAL PROVING OF ARCTIUM LAPPA.

BY R. P. MERCER, M.D., CHESTER, PA.

(Read before the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties.)

A STRONG tincture was made from the leaves, stalks, burs, and root of Burdock,² gathered in the month of June. Doses were taken morning and before bedtime.

July 2d, 1860.—In the morning, on rising from bed, took ten drops of the tincture in a tablespoonful of water. Felt a slight uneasiness in the abdomen, accompanied by a rumbling and rolling about in the bowels during the greater part of the day. Sleep not disturbed; felt the same uneasiness in the abdomen.

July 3d.—Took twenty drops in water as before. During the day felt a slight tingling sensation in the dorsum of the left foot. Sleep not disturbed during the night.

July 4th.—Took thirty drops in water. Numbness and tingling in the dorsum of the left foot continue. Troubled with dreams during the night, which is very uncommon. Awoke in the morning with a dull, gnawing pain in the left hand, extending from the wrist to the ends of the fingers. Also, a gnawing pain in the knee-joint, which eased up at times, then, in a short time, returned again. These pains seem to be relieved by motion, but come on again during rest.

July 5th.—Took thirty drops as before. Ate breakfast with my usual good appetite. Pains in hand and knee continue. Also, a sharp, sticking pain in the right elbow-joint at times during the day. Pain in the right hand, similar to that already described in the left. A sharp, shooting or lancinating pain in the head, over the left eye, and sometimes extending over the top of the head. Being away from home, the dose was not repeated in the evening. Awoke in the morning, after a night of dreaming, with a white-coated tongue.

July 6th.—Took thirty drops in water. Pains continue; feel a similar pain at times in both feet and hip-joints. Appetite, as usual, good. Stool natural. Pain in the abdomen still felt shortly after taking each dose. Also, a bearing-down pain in the bowels before going to stool. The dose was not repeated in the evening; rest as last night.

July 7th.—Took forty drops. Symptoms continue as stated yesterday. No new symptoms worthy of note.

July 8th.—Discontinued the drug, because I was called away from home. But the symptoms continued as before, those in the head even being somewhat aggravated. At times throughout the day I felt a sharp, shooting, stunning pain, as if struck with a hammer, at the base of the occipital bone immediately behind the ear.

After a few days, these pains gradually subsided; those in the hands and lower extremities were the last to disappear.

July 16th.—Again took ten drops in water. Shortly afterward I felt the uneasiness in the abdomen directly under the umbilicus. Stool was natural, and at the usual time. Pains in the hands, knees, and ankles, which had not entirely left, were slightly aggravated by noon. Repeated the dose at 9 o'clock P.M. Pains aggravated, but sleep undisturbed during the night.

July 17th.—Took ten drops as before. Pains in the hands and knees, extending down to the feet and ends of the toes, quite annoying. A pain in the fore part of the head. Sometimes it subsides, and then comes on again with sharp, shooting stitches, and gradually settles down into its former, dull, heavy ache. In the evening, took fifteen drops. Sleep, undisturbed.

July 18th.—At 6 o'clock A.M. took twenty drops in water. Slight pain in abdomen, half an hour after taking. Pain in the hands and feet continues; sharp, shooting pain in elbow-joints, extending down to hands; darting pain in the shoulder; a heavy, laming pain in the right groin. Sharp, shooting pain in base of occipital bone, extending up into the head. Ear-ache. Pain in hypogastric region. At 9 o'clock P.M. took twenty-five drops, and retired for the night. Pains worse for a time after going to bed, but subsided after an hour or two, and sleep not disturbed until morning. Awoke refreshed.

July 19th.—At 6 o'clock A.M. took thirty drops, and at 11 o'clock A.M. thirty-five drops more. Nausea and pain in abdomen after taking food. Sharp, sticking pain in shoulder, extending along the clavicle and sterno-cleido-mastoid muscle. Sharp, constrictive pain in and above the elbow-joint. Stool natural, with a feeling of approaching diarrhoea. At 9 o'clock P.M. took forty drops. Acute, colicky pains in the abdomen and in the region of the liver. Sleep not disturbed.

July 20th.—At 5 o'clock A.M. took fifty drops, and, at 2 o'clock P.M. fifty drops, and at 9 o'clock P.M. fifty drops more. Symptoms continue as yesterday, with the addition of a twitching pain in the muscles of chest at times. Appetite, increased.

July 21st.—No medicine. Symptoms continue as heretofore.

July 22d.—No medicine. Symptoms considerably relieved. Some, altogether subsided. The pain in the joints still quite perceptible, especially those in the hands and feet.

Pains in hands and feet were the last to leave. They continued for several days.

This proving was commenced in July, 1860, during my college days, with the intention of making it the subject for my Thesis the following winter, but the symptoms not turning out thick and fast enough for my then-anxious mind, it was after this short trial on myself, alone, abandoned for a more prolific subject.

I have frequently used *Arctium lappa* in my practice, since that time, for the rheumatic pains herein recorded, with good results, but have never attempted to prove it further, as I have always intended to do, nor made any empirical use of it.

MERCURIUS SOL. IN URÆMIC CONVULSIONS.

BY H. KNOX STEWART, M.D., PHILADELPHIA, PA.

ON the evening of January 17th, 1883, I was summoned hurriedly to see Mrs. V., aged 43 years, of light complexion, leucophlegmatic temperament, weight 185 lbs., and found her suffering intensely with ailments incident to the climacteric period. Obtaining a history of her case, I learned the menses had made their appearance on December 22d and continued until January 2d, not in the usual manner of the menstrual flow, but more hæmorrhagic in character, color very dark. On January 14th menses reappeared. On January 15th, after going through with her usual morning ablutions, menses ceased, and she was seized with severe abdominal cramps and pains, lancinating and cutting from right to left through the ovarian region, with a sense of nausea, followed by retching and vomiting of single mouthfuls of dirty, greasy, bluish or blackish phlegm, severe frontal headache, followed by exhaustion. Intense pain in the region of the kidneys during and after vomiting; terribly frightened, and imagined she was going to die; anxious to know her exact

condition; made me promise in the event of death to make a post-mortem examination.

Gave Puls. 3 \times dilution three drops in a glass of water, teaspoonful doses every hour; returned six hours after and found the pains all relieved, a hard dry cough and vomiting continuing at short intervals, with a feeling of fulness and distension of the head; no return of the menses; still positive she would die; wished me to do all I could to save her life; was perfectly satisfied with me and my treatment, and did not wish any consultation. The face was very much bloated, puffiness about the eyes, and enlarged, bloated feeling of the entire abdomen. The appearance of the face was similar to that of a person suffering from apoplexia, and to me the general phase of the case was very alarming; I gave nux vomica tincture, three drops in water, teaspoonful doses every half hour; it then being midnight I went home, leaving directions to call me in case of a convulsion; was not called during the night.

Saw the patient again at 10 A.M. the next morning; found the vomiting better; patient had slept two or three times 10 or 15 minutes at a time with stertorous breathing.

I now directed my attention to the action of the kidneys and bladder; found she had passed but a small quantity of urine in the past twenty-four hours, in all about half a pint, and it the color of chocolate. Continued the Nux vom. 6 \times 3 drops in water, teaspoonful doses every hour; patient remained much in the same condition all day; remedy continued. 2 A.M. called out of bed. Mrs. V. was in a convulsion; they thought she was dying. I hastened to her; found the head and face distended to an enormous size, eyes swollen and protruding from the orbit, intense swelling of the eyelids, and a choking rattling of mucus in the throat—apparent fast approaching dissolution; patient unconscious, with jerking and twitching of hands and feet, which were very cold; no passage of urine at all. Applications of warmth to the feet had seemed to give increased pain in the head. I diagnosed the case as one of uræmic convulsions, and gave Hyos. Nig. 1 \times dilution, 3 drops in half a glass of water, teaspoonful doses every half hour, and went home, informing the husband I had grave doubts of the wife being alive in the morning, and asked him if he would not like to have a consultation, as I would like to have some one share the responsibility with me. He wished me to return as soon as possible in the morning, when he would decide as to a consultation.

Called about ten A.M. next morning; found patient in a

comatose state; had great difficulty in arousing her; found the tongue swollen; unable to articulate; pulse weak and intermittent; coldness of the whole surface of the body, and puffiness still increasing, with a bluish, mottled appearance of the face. I gave placebo, and went home to study the case. As the husband had decided upon a consultation, I suggested Professor Raue, and informed Mr. V—— I would on my next visit bring the Professor with me. I had them send to my office for medicine in an hour. In my readings, I picked up Vol. II. Marcy & Hunt's *Theory and Practice*, page 65. I found, under head of "Merc. sol., Hahn.," puffiness of the face; dropsical swelling of feet and legs; general weakness; languor and lassitude; tongue coated with fur; foetid smell from mouth; nausea, increased by eating; bitter vomiting; great pain at pit of stomach, worse when pressed upon; shortness of breath; dyspnoea; bruised, stitching pain in small of the back; spasmodic twitchings of fingers and hands; frequent desire to urinate, with scanty discharge; urine turbid while leaving the urethra, and depositing a sediment. Symptoms all worse during the night. As this remedy seemed to me the best of any I could find, I gave a powder of the 30^s trit. dry on the tongue, with placebo powders, to be taken every hour. Five hours later, met Professor Raue, who confirmed my diagnosis of the case. We found the patient better in every respect. Since taking the "Merc. sol., Hahn.," had voided at least two quarts of urine. The last voided was nearly normal in quantity and color. The patient was enabled to raise up, and while resting upon her elbow, reported had not coughed nor vomited but once since taking the Merc. sol., Hahn., and that just as we were coming into the room. Professor Raue said he would not have thought of Merc. sol., Hahn. for the case, but rather of Calc. carb., but was perfectly satisfied with the treatment; as there had been such marked improvement following the administration of the remedy, we decided to continue it, and did so in the 5^c, one powder a day with placebo powder every two hours. On the sixth day after the consultation, and the administration of the Merc. sol., Hahn., patient was enabled to leave the sick-room, enter the dining-room, and eat and enjoy a good dinner with the family (January 30th discharged patient well).

I report this case, as I thought it would be very interesting to some of our young practitioners, as when I thought death inevitable, the Merc. sol., Hahn., was, as Professor Raue frequently says in his *Pathology*, "a savior," and as it is the

only genuine case of uræmic convulsions at the climacteric period I have ever known to recover. In citing this case to a particular friend of mine, an allopathic M.D., he was quite sure death would be inevitable, and thinks it remarkable that Mere. sol., Hahn., or any other remedy would be efficacious in such an extreme case, and thinks the case should certainly be reported.

CASE OF INTERNAL HÆMORRHOIDS.

BY BRUCE S. KEATOR, M.D., ASBURY PARK, N. J.

ON the tenth day of July, 1882, Mr. D., æt. 28, applied to me for medical treatment of a case of piles, which he informed me had been troubling him for a year or more, and was rapidly growing worse. On examination, I found him suffering from internal hæmorrhoids. Besides several very small tumors at the margin of the sphincter muscle, I found on the right side, just within the sphincter, a tumor, as large as a chestnut, which, on evacuating the bowels, I was informed, only partially passed below and without the sphincter, causing the patient no small amount of pain and annoyance. The stools were dry and hard, with an occasional trace of blood, causing a sensation in the rectum as if pins and needles were passing, leaving an aching and lameness in the back, and giving the patient a tired and languid feeling. I prescribed *Æscul. hip.*, 3 \times ; one powder, twenty minutes before each meal. After a day or two, my patient returned, impatient in waiting for the remedy to act, saying, "I must have relief, or I cannot attend to my business." I accordingly allowed him to use a mercurial ointment locally, the relief from which was so marked, that he thought he would need no more treatment. Within a month, however, he returned, suffering as before. After a second examination, I decided to remove the large tumor by injection and sloughing. At night, as I expected to operate in the morning, I gave the patient a tablespoonful of Castor oil, which thoroughly evacuated the bowels before operating. In the morning, the patient was made to sit over a hot steam-bath for a few minutes, and then ordered to strain down at the rectum. Thus, with a little manipulating, I succeeded in bringing down a tumor larger than I had at first suspected. Placing a clamp at the base, I constricted the tumor at that point, and, bringing it to full view, I injected with the hypodermic syringe six drops of a solution, composed of nine parts of Carbolic acid to one part of Olive oil. After a few min-

utes, when the tumor had turned perfectly white, I removed the clamp, and returned the injected tumor within the sphincter. On the third day, I found the tumor entirely sloughed off, and the parts looked angry and inflamed. The reaction of the Castor oil, as I had hoped, had kept the bowels confined, but it seemed now necessary to evacuate them, which was done by using warm water injections. But, in spite of these, the stools caused a considerable pain and hæmorrhage, which grew worse, though fought by carefully selected homœopathic remedies. I, therefore, ordered the following :

R. Glycer. Amyli, ʒi.
 Glycer. Ac. Tannici, ʒi.
 M.

Sig.: Apply to the parts, night and morning, until relieved of pain and hæmorrhage.

This had the desired effect, and after two or three applications, hæmorrhage and pains ceased under the first remedy selected, viz., *Æscul. hip.*, 3ʳ. The smaller tumors gradually disappeared, leaving the patient, as I believe, thoroughly cured. It will be observed that I used 90 per cent. Carbolic acid. Many good authorities have recommended "equal parts of Carbolic acid and Olive oil" as an injection; but the object being, as I think, to thoroughly destroy the tumor, I believe that 90 per cent. Carbolic acid will better accomplish this end than 50 per cent., while the 10 per cent. Olive oil is certainly enough to hold the Carbolic acid in solution, and cause it uniformly to permeate the tissue to be destroyed.

A CASE OF FEMORAL HERNIA.

BY C. C. ELLIS, M.D., NASSAU, N. H.

SIX weeks ago I was called to see Mrs. —, aged 55, who, according to the diagnosis of an allopathic physician, was suffering from bilious fever.

I found her afflicted with chronic inflammation of the stomach. Her only sustenance was by means of enemata of beef tea. She was taking morphia every four hours. I discontinued the drug and administered *Arsenicum*¹. This relieved her of a persistent nausea, and markedly improved her other symptoms. Under this remedy, and also *Nux.*, *Bry.*, *Rhus*, and *Hydras. mur.*, in order, as indicated, she seemed to become perfectly well. But, three or four days after she was dismissed apparently cured, I was summoned by her, when I

found her suffering from a cutting, lancinating pain just under the pubes. She was pale, her pulse sixty and very weak, and her body was bathed in a cold sweat.

It seems that about three years ago, while attending to the last wishes of a beloved daughter, she was suddenly seized with severe pain under the pubes. It lasted three hours and then spread over the whole abdomen. After a while the bowels became distended with flatus, giving rise to excruciating pain. The pains then came in attacks, lasting from three to fifteen hours, and ending quite suddenly. The treatment adopted was injections of warm water, the application of hot fomentations, and opiates taken by the mouth or hypodermically. My predecessors named the affection hystericalgia.

After a careful physical exploration, I found an enlargement in the left groin; uterus, vagina, and ovaries were normal. This enlargement was not very painful, but the patient stated that it swelled up some during her last attack. In reply to my query whether her doctor had examined her, she replied that he never suggested anything of the kind.

There was no impulse felt in the tumor when she coughed, and, apparently, there was no connection between it and the pain in the bowels. I used the long rectal tube for injecting the bowels, by means of which I succeeded in relieving the lower part of the bowels, but, at times, the transverse colon would stand out nearly as large as my wrist, and was so full of gas as to cause terrible suffering. I gave Dioscorea, Carbo veg., Nux, Cal. carb. I also used Ether and Olive oil applied to the abdomen; also, hot fomentations, and, finally Opium in several forms. After forty-eight hours or so, vomiting commenced and continued for days. On the fourth day, the contents of the stomach would be forced out of her mouth with a rush, caused by the pressure of the gas, and, at last, the contents of the small intestines followed, having the unmistakable odor of fæces. I concluded to operate; and, calling in a good surgeon, etherized her, and proceeded to operate for strangulated hernia. The adhesions were old and so firm that we had to tear them away with our fingers. After her recovery from the operation, fæcal matter passed in its orderly way. There were two who felt very much relieved—the patient, of pain; the doctor, because he had not been mistaken in diagnosis.

We should never take any one's word for our guide, but always examine our patients for ourselves, if we would treat cases intelligently and successfully.

Miscellaneous Contributions.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY—THIRTY-SECOND ANNUAL SESSION.

BY. A. P. HOLLETT, M.D., SECRETARY.

THE thirty-second annual meeting of the Homœopathic Medical Society, of the State of New York, was held in the Court of Appeals room, New Capitol, Albany, on Tuesday and Wednesday, February 13th and 14th, 1883.

The meeting was called to order by the President, Dr. John J. Mitchell, of Newburgh, and the session was opened with prayer, by the Rev. Dr. Smart, of Albany.

A brief preliminary address was then made by the president, who congratulated the society on the harmony, enthusiasm, and success that had attended its labors during the year. He said they should frown down all attempts that might be made to limit the individual freedom of any member of the society, or to in any way add new articles to their creed. Referring to the bill before the legislature, in regard to a board of State examiners, for license to practice medicine, Dr. Mitchell said that it was a matter for very careful and thoughtful consideration. He suggested a change in the method of nominating for regent's degree, and for honorary membership of the State society. As the doors of the society had been opened to all applications for permanent membership which shall comply with the by-laws, it becomes very important that the board of censors act with extreme caution, and exercise extra vigilance, reporting favorably upon those cases alone which they are quite sure will honor the society by permanent membership.

The President appointed the following committees:

Auditing, Drs. J. H. Demorest, H. M. Paine, and A. W. Holden.

Credentials, Drs. W. B. Kenyon, J. L. Moffat, and George E. Gorham.

Invitations, Drs. E. D. Jones, E. Hasbrouck, and C. A. Bacon.

President's Address, Drs. H. L. Waldo, M. O. Terry, and R. A. Adams.

The Secretary, Dr. Hollett, presented the minutes of the last annual and semi-annual meetings, and they were approved.

The Secretary read a communication from Dr. R. E. Caruth-

ers, of Allegheny, Pa., thanking the Society for the honor conferred at the last annual meeting, in electing him to honorary membership. Also one from Dr. A. A. Camp, Secretary of the Minnesota State Homœopathic Institute, asking for an exchange of *Transactions*. Also one from Dr. S. L. Guy, of Brooklyn, offering his resignation as a permanent member of the Society, because of the action of the Society in the matter of his appeal from the action of the King's County Homœopathic Medical Society.

On motion of Dr. Hasbrouck his letter was received and resignation accepted.

The Treasurer, Dr. E. S. Coburn, reported as follows :

Cash received from permanent members and	
County societies,	\$718.30
Cash from sale of books,	201.50
Total,	<u>\$919.80</u>
Cash paid as per vouchers,	<u>\$919.80</u>
Liabilities,	\$21.15
Assets,	\$40.00
Paid of previous indebtedness,	\$142.00

The following resolution was presented by Dr. Bacon, and carried :

"*Resolved*, That the Treasurer be and hereby is instructed to prepare a list of all members and county societies in arrears to the society, for presentation at the next semi-annual meeting, and that he notify all such members and societies of their said indebtedness, and of the purpose of this resolution."

The Censors reported favorably the following physicians, and they were duly elected to permanent membership :

C. Spencer Kinney, M.D., Middletown ; S. T. Birdsall, M.D., Brooklyn ; J. Freeman Atwood, M.D., Brooklyn ; Augustus Von der Liihe, M.D., Brooklyn ; Robert Boock, M.D., Coxsackie ; W. W. French, M.D., Balston Spa ; William Zoller, M.D., Fort Plain ; L. L. Brainard, M.D., Little Falls ; C. D. Hale, M.D., Syracuse ; G. A. Tracy, M.D., Logan ; G. H. Fulford, M.D., New Haven ; E. E. Snyder, M.D., Binghamton ; C. F. Millspaugh, M.D., Binghamton ; A. J. Clark, M.D., Binghamton ; Alexander V. Stabbs, M.D., Mecklenburgh ; J. E. Slaughter, M.D., Hamilton ; J. C. McPherson, M.D., Lyons ; Allen B. Carr, M.D., Rochester ; James A. West, M.D., Genesee ; W. B. Kenyon, M.D., Buffalo ; George E. Gorham, M.D., Albany ; Alexander M. Curtiss, M.D., Buffalo ; Clarence M. Conant, M.D.,

Middletown; A. Wilson Dods, M.D., Silver Creek; F. W. Adriance, M.D., Watkins; Sayer Hasbrouck, M.D., Middletown; William More Decker, M.D., Kingston; John L. Moffat, M.D., Brooklyn; W. T. Laird, M.D., Utica; F. F. Laird, M.D., Utica; Walter Y. Cowl, M.D., New York; Susan S. McKinney, M.D., Brooklyn; James F. Doolittle, M.D., Ballston Spa; Erminna C. Eddy, M.D., Elmira; John N. Tilden, A.M., M.D., Peekskill; G. W. Seymour, M.D., Westfield; Clark Otis, M.D., Penn Yan; George H. King, M.D., North Hector; M. W. Gallup, M.D., Sauger-ties; Joseph W. Cook, M.D., Buffalo; D. E. Spoor, M.D., North Creek; H. W. Coffin, M.D., Glen's Falls; C. E. Van Cleef, M.D., Ithaca; John C. Otis, M.D., Poughkeepsie; Edward Chapin, M.D., Brooklyn; Barton R. Gifford, M.D., Madison; Directus De Forset Cole, M.D., Morrisville; C. Durant Welsh, M.D., Cobleskill; George Allen, M.D., Waterville; J. D. Zwetsch, M.D., Gowanda; B. L. B. Baylies, M.D., Astoria; Robert A. Linendall, M.D., Fort Edward; Sue A. White, M.D., Utica; T. L. Armstrong, M.D., Binghamton.

The following named physicians were duly elected honorary members of the society:

Dr. J. L. Corbin, of Athens, Pa.; Dr. D. B. Whittier, of Fitchburg, Mass.; Dr. W. B. Chamberlain, of Worcester, Mass.

The following physicians were duly nominated to the Regents of the University for the honorary degree of Doctor of Medicine:

Dr. John W. Dowling, of New York; Dr. R. C. Moffat, of Brooklyn; Dr. L. M. Kenyon, of Buffalo; and Dr. John J. Mitchell, of Newburgh.

Dr. Hollett reported from the Committee on Medical Societies and Institutions, an increased number of homœopathic physicians in the State, and a prosperous condition of our societies and institutions under homœopathic control.

The President introduced to the society, Dr. J. H. Carmichael, of Boston, a delegate from the Massachusetts State Homœopathic Medical Society, and Dr. E. L. Weyman, of Factory Point, Vt., a delegate from the Vermont Homœopathic Medical Society.

Dr. Bacon, from the Committee on Medical Education, made a verbal report in regard to a proposed law to create a State Board of Medical Examiners.

The Neurologist, Dr. A. W. Holden, reported biographical sketches of the following permanent members:

Dr. John F. Gray, of New York; Dr. Edward T. Richardson, of Brooklyn; Dr. William Scherzer, of New York; Dr. George W. Peer, of Rochester; Dr. A. E. Sumner, of Brooklyn; and honorary members, Dr. Ira Barrows, of Providence, R. I.; Dr. A. H. Okie, Providence, R. I.; Dr. Robert J. McClatchey, of Philadelphia; and Dr. William Bayes, of London, England.

By common consent the report of the Bureau of Histology was called for, and the chairman, Dr. Charles A. Bacon, presented and read the following papers: "All Classes of Organized Tissue but One, Nourished in Excess in Tuberculosis," by R. R. Gregg, M.D., of Buffalo; "The Nerve Supply of the Kidney," by W. White, M.D., of New York.

Dr. M. O. TERRY reported that the Committee on the President's Address recommended that the suggestions contained therein be accepted, and also recommended the adoption of the following resolutions, which were adopted:

Resolved, That the New York State Homœopathic Medical Society, in annual meeting assembled, does heartily indorse the accompanying petition (the petition circulated by the American Institute Committee on Medical Legislation), and pray that the Honorable Senate and House of Representatives of the United States pass the joint resolution now before their honorable bodies, viz.: Senate Resolution (1st session) No. 96, and House Resolution No. 259 of July 14th and 17th, 1882, respectively:

Resolved, That copies of the foregoing resolutions be forwarded to the chairmen of the Senate and House committees having the matter in charge and published in the *New York Medical Times* and *HAHNEMANNIAN MONTHLY*. Recess.

The society reassembled at 3 P.M. with the President in the chair. After the transaction of some miscellaneous business, the report of the Bureau of Materia Medica, Dr. T. L. Brown, chairman, was taken up, and papers were read by Dr. H. M. Paine, of Albany, on "Dynamic Medicine;" by Dr. W. Y. Cowl, on "The Definition of a Homœopathist," and by Dr. T. L. Brown, on "The Symptoms that Indicate the Right Remedy."

Dr. TERRY offered the following resolution:

WHEREAS, Inasmuch as chemistry furnishes no proof of the material presence of any drug beyond the third attenuation, the spectroscope none beyond the fifth, the microscope none beyond the seventh, and the theory of molecular magnitudes none beyond the eleventh, and it being also evident that the preponderance of clinical experience forces the conviction that homœopathic action probably terminates at the last point designated; therefore,

Resolved, That as a society we cannot reasonably indorse the homœopathy of any higher attenuation than the twelfth.

On motion of Dr. E. D. Jones, the resolution was laid on the table. The next in order was the report of the Special

Committee on Physical Diagnosis, Dr. J. W. Dowling, of New York, who presented a paper entitled, "A Clinical Case—Valvular Disease of the Heart with Aneurism of the Arch of the Aorta," illustrated with the specimen of a human heart, and also a patient whom he brought with him from New York.

Dr. J. W. DOWLING asked consent of the society and presented the following preamble and resolutions, relative to the State Homœopathic Asylum for the Insane at Middletown, N. Y. :

WHEREAS, A spirit of distrust has been excited, and in some quarters fostered in the public mind, and, WHEREAS, as a result of this distrust the question of revising and changing all of our lunacy laws is being agitated, and, WHEREAS, radical and, to us, unprofitable changes in the laws are being proposed—changes which may tend not to a better care of the insane but to unwise and uncertain experiments—and, WHEREAS, the State Homœopathic Asylum at Middletown has been but recently founded and conducted upon benign and reform principles; therefore,

Resolved, That we, the members of the State Homœopathic Medical Society, in contradistinction to the distrust expressed against some of our public institutions, hereby declare our confidence in the State Homœopathic Asylum at Middletown, and in the wisdom, zeal, and fidelity of its trustees and its medical superintendent.

Resolved, That while we are in favor of such revision of the lunacy laws of this State as may tend to conserve the just rights of both the sane and the insane, we yet stand opposed to any changes in the present law which shall tend to infringe upon or abridge the present rights of those who may desire homœopathic treatment at the Middletown Asylum, or which shall in any way tend to curtail the privileges now accorded to all classes of our citizens for such treatment, whether they are rich or poor.

Resolved, That the present methods employed for the care, relief, and restoration of the insane at the State Homœopathic Asylum at Middletown, are methods which we heartily indorse and approve, and for the present we deprecate any and all attempts to change those methods by bringing that asylum under such general control or limitations as might tend to lower the standard now adopted in that institution for the care and control of its inmates.

Resolved, That a copy of these resolutions be spread upon the minutes of this meeting and be published in the next volume of the *Transactions*, and also that the foregoing resolutions be published in the *New York Medical Times*.

The resolutions were adopted. The report of the Bureau of Clinical Medicine was next presented, Dr. H. L. Waldo, chairman.

The papers read were "The Treatment of Scarlet Fever," by R. C. Moffat, M.D., of Brooklyn, read by his son, Dr. J. L. Moffat; "Prophylactic Value of Belladonna in Scarlatina," by Asa S. Couch, M.D., of Fredonia.

After some discussion of these papers, the society adjourned, with the report of the bureau unfinished, until 8 P.M.

At the evening session, in addition to those present at former meetings, a large number of visitors, students, assemblymen, and others, was gathered in the Assembly chamber.

Promptly at half-past eight o'clock, the vice-president, Dr. Hasbrouck, arose, and introduced the president, Dr. John J. Mitchell, of Newburgh, who proceeded to deliver his annual address, taking as his subject, "The Future of Homœopathy." Dr. Mitchell said :

"It is my duty, this evening, to present to the society the thoughts and inspirations, which have been gathered by a review of our professional life during the past year." The speaker then proceeded to review the history of the school he represented, and its past treatment at the hands of the so-called "regular" physicians. Referring to the recent action of the Allopathic State Society, the doctor said : "I am proud of the heroism these medical gentlemen have displayed in thus fighting the battle for freedom of opinion, but so far they have won but the beginning of a skirmish line. We are content perfectly. Our schools are increasing, and our numbers were never so large. Hospitals, dispensaries, and insane asylums are coming under our control in numbers, rather greater than our professional corps can thoroughly man. As to success in our practice, we have presented statistics until we are tired, all demonstrating to the unprejudiced student, that, in the great mass of curable diseases, our mortality is scarcely one-half that of our professional brethren of the 'regular' school." Extended reference was also made to recent magazine articles by Professor A. B. Palmer, on the homœopathic school of medicine, and instances quoted at length, showing the fallacy of the views there held. Further on, the speaker referred to the success of the school he represented, and asserted that "the mortality bills of any city will show that there is a difference of from 20 to 50 per cent. in favor of the homœopathic physicians, when contrasted with one of the 'regular' school of equal patronage and practice." A definition of homœopathy was then given by the speaker as follows : "It is deriving a knowledge of the effects of the drugs by proving them more or less extensively upon the healthy, and meeting diseased conditions by exhibiting as a remedy that drug, which, when given in health, will produce symptoms and conditions most nearly identical to those met with in the patient." The methods, adopted in proving the remedies, were then briefly described and typical cases quoted in illustration. In conclusion, Dr. Mitchell said : "The battle for liberty of opinion upon medical subjects has just begun in the ranks of the 'regular' school. We believe that the conflict will be continued, and that it will in time succeed. We are to continue as a school of medicine, distinctively liberal in its character, ever holding out hands of welcome to any one educated to the level we have fixed; yes, refusing no one, provided he be lawfully educated as a physician, and honorable and true. It is evident that I have no dread of our future; with such a dawn, surely at 'eventide it shall be light.' The time, of which I dream, will surely arrive. In the triumph of the cause I advocate to-night, all party lines shall be broken. Then the banners of the 'eclectics,' of the 'regulars,' and of the 'homœopaths,' shall be lowered, in order that, party watchwords being erased, the noble legend of 'Scientific Medicine' may be emblazoned thereupon. When that day shall come, there shall go forth from the ten thousands of our hosts the loud acclaim, '*Eo triumphant!*'"

The speaker was greeted with hearty and prolonged applause at the close of his address, and, on motion of Dr. Dowling, received a unanimous vote of thanks from the society.

The meeting then adjourned until half-past nine o'clock next morning.

SECOND DAY—*Morning Session.*—The society reassembled at 9.45 A.M., with the President, Dr. Mitchell, in the chair.

Dr. C. Spencer Kinney made a report, as a delegate to the Connecticut Homeopathic Medical Society.

The report of the Bureau of Mental and Nervous Diseases, A. P. Williamson, M.D., of New York, chairman, was called for, and the chairman presented three papers, by title, as follows:

"Recovery from Insanity by Means of a Blow on the Head," by Selden H. Talcott, M.D., of Middletown.

"Neurasthenia and its Treatment," by S. Lilienthal, M.D., of New York.

"Two Cases of Melancholia Cured," by A. P. Williamson, M.D.

On motion, Dr. Williamson was requested to read his paper, which he did, and a discussion followed.

By unanimous consent, Dr. J. H. Carmichael, of Boston, was requested to read his paper on "Granular Endometritis a Frequent Disease," which he did, and which was extensively discussed.

The Bureau of Clinical Medicine was called upon to complete its report, and the following papers were read:

"Clinical Notes," by C. Th. Liebold, M.D., of New York; "A Case of Fasting," by B. F. Williamson, M.D., of Friendship; "Phlegmonous Erysipelas," by C. J. Farley, M.D.; "The Value of Warm Baths in Scarlet Fever," by H. L. Waldo, M.D., of West Troy. These papers were followed by discussion, until the hour of 11 A.M., when the order of business was the election of officers.

The following officers were elected for the ensuing year:

President.—E. Hasbrouck, M.D., of Brooklyn.

First Vice-President.—W. B. Kenyon, M.D., of Buffalo.

Second Vice-President.—A. P. Williamson, M.D., of New York.

Third Vice-President.—L. A. Clark, M.D., of Cambridge.

Secretary.—A. P. Hollett, M.D., of Havana.

Treasurer.—E. S. Coburn, M.D., of Troy.

Censors.—Northern District: Drs. A. W. Holden, George W. Little, and L. A. Clark; Southern District: Drs. J. L. Moffat, H. C. Houghton, and W. Y. Cowl; Middle District: Drs. George B. Palmer, N. B. Covert, and M. O. Terry; Western District: Drs. Charles Sumner, A. R. Wright, and E. W. Rogers.

The following were elected chairmen of the Bureaux and Committees:

Surgery.—Dr. F. E. Doughty, of New York.

Obstetrics.—Dr. R. C. Moffat, of Brooklyn.

Clinical Medicine.—Dr. George E. Gorham, Albany.

Materia Medica.—Dr. F. F. Laird, Utica.

Mental and Nervous Diseases.—Dr. C. Spencer Kinney, of Middletown.

Gynæcology.—Dr. J. J. Mitchell, of Newburgh.

Laryngology.—Dr. C. E. Jones, of Albany.

Ophthalmology.—Dr. Charles Deady, of New York.

Otology.—Dr. N. B. Covert, of Geneva.

Pædology.—Dr. Charles R. Sumner, of Rochester.

Climatology.—Dr. A. P. Throop, of Poughkeepsie.

Histology.—Dr. J. A. Biegler, of Rochester.

Vital Statistics.—Dr. W. B. Kenyon, of Buffalo.

Necrologist.—Dr. A. W. Holden, of Glen's Falls.

Medical Ethics.—Dr. J. W. Dowling, of New York.

Legislation.—Dr. S. H. Talcott, of Middletown.

Physical Diagnosis.—Dr. J. W. Dowling, of New York.

Societies and Institutions.—Dr. A. P. Williamson, of New York.

Medical Education.—Dr. Charles A. Bacon, of New York.

Ithaca, N. Y., was selected as the place for holding the semi-annual meeting, the time to be the second Tuesday of September.

The report of the Bureau of Surgery was taken up, Dr. M. O. Terry, of Utica, chairman, and the following papers were read :

"Three Cases of Strangulated Hernia, Inguinal, Femoral, and Umbilical, with Operations—Two Recoveries, One Radical Cure," by B. L. B. Baylies, M.D., of Astoria.

"Bromine in Surgical Practice," by George Allen, M.D., of Waterville.

"Clinical Reports on the Value of Chloride of Ammonia in Prostatic Disease," by Drs. C. J. Hill, F. F. Laird, and M. O. Terry, all of Utica.

"Dry Antiseptics in Caries and Necrosis," by H. J. Ostrom, M.D., of New York.

The Bureau of Pædology, Anna C. Howland, M.D., of Poughkeepsie, Chairman, presented a paper by Dr. H. C. Houghton, of New York, entitled "Do Children Outgrow Ear Disease?"

The report of the Bureau of Vital Statistics, W. Y. Cowl, M.D., of New York, Chairman, was made by the doctor reading a paper by himself on "Vital Statistics."

The report of the Bureau of Gynecology, Alice B. Campbell, M.D., of Brooklyn, Chairman, consisted of the following papers: "Three Cases of Chronic Ovaritis, of Twelve, Nine, and Two Years' duration, Treated, with Permanent Relief, by Guaiacum," by M. O. Terry, M.D., of Utica; "Clinical Cases," by C. J. Farley, M.D.

Under miscellaneous business, Dr. J. L. Moffat presented the following resolutions, which were adopted:

"*Resolved*, By the New York State Homœopathic Medical Society, in annual session assembled, that, in our opinion, Senate bill, No. 64, so far from being an improvement on the existing lunacy laws, will, if passed, prove detrimental to many patients whose condition would be aggravated by the mental change to which they would be subjected, at a time when they most need quiet and care; That such proceedings as are authorized by this bill would prove much more expensive than is at present necessary for commitment; That the general scope of the bill, instead of regarding the insane person as a patient, threatened or attacked by serious illness, treats him or her as a criminal to be proven innocent; On suspicion, based upon the affidavit of any one, incarcerating, or placing them in charge of the sheriff, upon mere suspicion, thereby affording opportunity for malicious annoyance and persecution; That the bill does not require any definite qualifications of the physicians called in to pronounce on the presence of insanity; That such cases should be tried before a jury of physicians and not before one drawn from the class of men usually at the call of the sheriff; That, whereas a certain amount of publicity in the commitment of the insane is advisable for the prevention of unjust incarceration, it is our opinion that the proposed measure goes too far, and insures the publication in the police items of private matters, that it is as unnecessary as it is disagreeable to have printed among the daily papers, therefore,

"*Resolved*. That we most urgently petition the Judiciary Committee to report adversely to the bill in question."

Dr. T. L. Brown presented the following resolution, which was adopted—ayes 14, noes 2:

"*Resolved*. That the use of the extremes of potency be not considered in any way distinguishing the practitioner as homœopathic or non-homœopathic."

Dr. Hasbronek moved, and it was carried, that a vote of thanks be tendered the officers of the Capitol for the use of the room in which the sessions have been held.

Dr. Cowl moved that a vote of thanks be offered to the President, Dr. John J. Mitchell, for the grace and wisdom with which he has conducted this meeting.

The President thanked the society for their confidence and support; and, on motion, the society then adjourned.

HOMŒOPATHY IN ALABAMA.

BY A. L. MONROE, M.D., BIRMINGHAM, ALABAMA.

ARRIVING at this flourishing little city in November last, with all my worldly goods in tow, I had hardly begun to make permanent arrangements looking toward living and practicing here, when the following information caused my heart to strike my fifth rib with a dull thud:

"By the law of Alabama, Mr. Homœopath must pass an examination before an allopathic board of examiners in anatomy, physiology, chemistry, and the mechanism of labor. Then, and not till then, can he practice."

In spite of the fact, since discovered, that they used every effort to keep me out, the ordeal was safely passed through. *Gels.* and text-books remained unpacked. Success, attributable, 1st, to old Hahnemann, as represented by Professors Thomas, Dudley, Stephens, and Father Gause; 2d, to the fact that the rigidity of the examination was limited somewhat by the attainments of the grand tribunal. Indeed, I have since doubted whether the men who so impressively asked me "the difference between the corpus luteum of pregnancy and menstruation;" "the difference between an isomorphous and an isomeric body;" and "mechanism of labor in a posterior lateral position, if *spontaneous* version were relied upon" (which it never is), knew the answers themselves.

But being now the happy possessor of that inestimable boon, an "irregular certificate," and being allowed to practice surgery unmolested, in spite of their express declaration that "this certificate does not permit you to practice surgery," I will state the object of my letter.

It is to solicit recent graduates and young practitioners to come to Alabama, where cities of from five to ten thousand are homœopathless. It is really a delightful experience to pass this examination, and turning this allopathic weapon back upon themselves, enter practice with their *forced* indorsement. It is also a fine advertisement, and double discounts being called out of church, galloping through town, and such like well-known resorts.

We have a State rich in mineral resources. Coal, iron and cotton are right at our doors, and her broad surface bristles with the tall chimneys of her iron furnaces and cotton factories, which are operated cheaper than can be done in Pittsburgh or New England. Northern capital is doing this, and Northern people are largely homœopaths. This town was a cotton field ten years ago; it now contains 12,000 people. It would per-

haps amuse the readers of the HAHNEMANNIAN to quote a few lines from *The Book of Rules* of the Alabama State Medical Association. That I had "*fossils*" in my mind as well as *coal* and *iron*, when alluding to *our mineral resources*, will then go without the saying.

Speaking of the Act for the Regulation of the Practice of Medicine, they say :

"The Act was subjected to several changes before it was made a law by the General Assembly. The most radical of changes is that provision which requires the examination of *irregular** physicians in chemistry, anatomy, physiology, and the mechanism of labor." We *regret* very much, the introduction of this feature of the law, and this for several reasons: (1st) Because it gives the express countenance of lawful recognition to *irregular* medicine, and this elevates it into a position of quasi respectability, which we don't think it deserves to occupy; (2d) Because it imposes on the boards of medical examiners a very *delicate* and *unpleasant* duty, which they will feel it difficult to discharge without considerable embarrassment; (3d) Because it will give a somewhat longer lease of life to systems of practice that are already falling into decay, and that should be allowed to die as quietly as possible, without being temporarily *galvanized* into an appearance of vitality by legislative action. "We think it is true that all of these irregular systems of medicine, with the *tentative* system of homœopathy, are gradually disappearing from us."

After disposing of the Botanics and Eclectics in one sentence, they "gird up their loins," grit their teeth, and relentlessly murder Homœopathy to dim lights and slow music :

"The Homœopaths, although doomed beyond all possibility of doubt, to *ultimate destruction*, still manifest some signs of life, and *even* seem to be making *some progress*. But even amongst them the *elements* that minister to *decay*, are plainly at work (Bacteria, I expect). The doctrine of infinitesimals is no longer regarded as the *sine qua non* of homœopathic orthodoxy, and the doctrine of *similia similibus curantur* admits of such *explanation* as enables it to be introduced into the common code of rational medicine."

Guard your library, gentlemen; there is nothing to prevent the allopath across the way from incorporating all your books into his *library of rational medicine*.

"Besides (they continue), they are not numerous in Alabama, and would, therefore, have given us but little trouble if

* Italics mine all through.

they had been left severely alone, in accordance with the traditional policy of *the profession* in regard to them. We are afraid that the influences that led to the adoption of this provision, grew, at least in part, out of the belief that the main object of the legislation which had been invoked was to get rid of irregular doctors, and that this object could be most readily accomplished by requiring them to submit to an examination, which, as a rule, they would not be able to pass with credit. . . . All those familiar with the general policy of this association know that the real . . . purpose of the said law was not to get rid of these *irregular gentlemen*, who are, indeed, but as the *dust* in the *balance*, about which we have given ourselves very little anxiety."

"Irregular gentlemen" is good; it reminds us of the legislator who said to an opponent, "The *gentleman* from — is a liar and a scoundrel." "From the beginning our principal object has been to *regenerate*, to *elevate*, to *purify*, the *regular* profession itself." (It is fortunate that the tariff on *cologne* has been reduced.)

"This work . . . we have desired to accomplish, not alone in the interest of the medical profession of this State, but also in the interest of the people of the State. . . . For *ourselves* alone, we could not have made this appeal. . . . But that which we could not demand for *ourselves*, we felt it our privilege to demand for the people of Alabama."

Shades of G. W., Joan of Arc, John Knox & Co., *lie still!* I did not intend making such extensive quotations, but it's really so awfully funny, that the temptation could not be resisted. Suffice it to say, that Dr. Murrell, of Mobile, is heading a petition to the legislature of the State looking to the righting of this wrong. This petition comes up every year, and each time with increased power in proportion to the number of homœopaths and their clients.

Note.—We hope Dr. Monroe will send us for publication, a list of the best locations in the State, with the population and general advantages of each.—EDS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the Society was held at the Hahnemann Medical College, on Thursday evening, February 8th, 1883; in the absence of the President, the Vice-President,

Dr. H. Noah Martin, presided. Fifty-eight physicians were present.

By vote, the reading of the minutes of the January meeting was dispensed with.

The censors reported favorably on the application for membership by Dr. Duncan Macfarlan, whereupon that gentleman was unanimously elected.

Dr. C. Mohr, for the committee appointed to ascertain the desirability of changing the place of meeting to the rooms of the Homœopathic Library and Reading Room Association, 1009 Arch Street, reported that a conference had been held with the directors of the latter association, and for many reasons it was believed to be best for all interests concerned to make the change, at least for a time; and as the directors of the Library were willing to let their rooms, the committee recommended that the change be made. The report was accepted, and, on motion, the Secretary was instructed to call future meetings to be held at the Library rooms.

Dr. Horace F. Ivins, Chairman of the committee to prepare a paper for presentation at the meeting of the State Society, reported that the subject of PHTHISIS had been selected for elaboration, and would be prepared in sections, as follows: "Etiology," by Dr. E. Fornias; "Symptomatology and Diagnosis," by Dr. W. W. Van Baun; "Throat Complications," by Dr. H. F. Ivins; "Pathology," by Dr. I. G. Smedley; "Treatment," by Dr. C. Weaver.

Dr. R. C. Allen, Chairman of the Bureau of Obstetrics and Gynecology, reported that his bureau would report for discussion at the next meeting, a number of practical papers, by Drs. Mitchell, Sartain, Betts, and self.

Dr. Joseph C. Guernsey, Chairman of the Bureau of Materia Medica for the ensuing year, has associated with him Drs. Henry N. Guernsey, E. A. Farrington, John C. Morgan, and Duncan Macfarlan.

The resignation of Dr. N. Clark Burnham was presented, and duly accepted. The cause of his resignation was removal to Brooklyn, N. Y.

Dr. Edwin Van Deusen, a graduate of the University of Pennsylvania, was proposed for membership by Dr. Harriet J. Sartain. Referred.

Dr. Pemberton Dudley offered the following:

"WHEREAS, This Society has been appointed a committee to make arrangements for the next annual meeting of the State Medical Society, to be held in this city in September next, therefore,

⁴ *Resolved*, That the President be requested to appoint a sub-committee to

consider and report what arrangements should be made for the accommodation and entertainment of the State Society in a manner befitting the occasion and in keeping with the professional standing of this body."

The resolution was unanimously adopted, and the Chair appointed the following members to constitute the sub-committee: Drs. P. Dudley, J. C. Morgan, Harriet J. Sartain, B. W. James, B. F. Betts, Maria N. Johnson, M. M. Walker, Eliza H. Lang, and J. C. Guernsey.

Dr. Dudley also offered the following:

"Resolved, That the Standing Committee on Medical Education be instructed to consider and report upon the expediency of providing for the preliminary examination of persons desiring to engage in the study of medicine under the preceptorship of members of this society, the awarding of certificates to those found qualified for the study of medicine, and the adoption of other measures designed to encourage such persons in their studies."

A discussion ensued, during which it was stated that the Allegheny County Society exercised a censorship such as that proposed in the resolution offered, in consequence of which the students who came from Pittsburgh and vicinity showed unusual attainments, graduating with high honors. The resolution was approved by Drs. Martin, Morgan, and others, and by vote was unanimously adopted.

Dr. John C. Morgan called attention to the State Board of Health bill, pending in the Legislature, and advised diligence on the part of the homœopathic profession to secure due recognition by our school. The subject was referred to the standing Committee on Organization, etc.

The next business in order was the report of the Bureau of Clinical Medicine, Dr. Charles Mohr, Chairman. The following papers were presented, accepted, and referred for publication, viz.:

a. "A Case of Whitlow—Rapid Cure," by John C. Morgan, M.D.

b. "Aconite in a case of Heart Disease," by H. J. Shinkle, M.D.

c. "A Case of Recurring Convulsions associated with Contracted Kidney, in which the Symptoms resembled those of Brain Tumor," by Clarence Bartlett, M.D.

d. "Trichophytosis," by Edward M. Gramm, M.D.

Dr. Mohr then opened the discussion of the selected subject, "THE TREATMENT OF DIPHTHERIA," and he was followed by Drs. Morgan, Dudley, Stewart, Ivins, Neidhard, Guernsey, Allen, Marter, Weaver, Bartlett, Kniffen, Martin, and Fornias. Dr. Mohr closed the discussion, and Dr. E. Boylston Jackson

was appointed Chairman of the Bureau of Clinical Medicine for the ensuing year. Adjourned.

A special meeting of the Society was held on Tuesday evening, February 20th, 1883, at the rooms of the Homœopathic Library, to take appropriate action on the death of Dr. Adolphus H. Ashton, who had held the office of Treasurer ever since the formation of the society.

The meeting was called to order by the Secretary, who read a telegram from Dr. W. B. Trites, the President, stating that he could not be present, but that his sympathies were with those assembled to do fitting honor to the departed member. The Vice-President also being absent, Dr. John K. Lee was appointed to preside.

A committee, consisting of Drs. M. S. Williamson, C. E. Toothaker, and C. Mohr, was appointed to present suitable resolutions. The report submitted by the committee was afterwards adopted unanimously. (See page 192.)

Dr. C. E. Toothaker paid an eloquent tribute of respect to the deceased. In concluding, he referred to Dr. Ashton as "an active, efficient, honest and useful member; a man whom it was his delight to call a friend, because there was that about him which characterized the true gentleman."

On behalf of the society, Drs. C. E. Toothaker and W. H. Bigler were appointed pall-bearers; and by vote the society resolved to attend the funeral in a body. Adjourned.

AN OPINION OF THE HAHNEMANNIAN MONTHLY.

[We do not publish many of the numerous complimentary notices we receive, but the following is so extremely flattering to our pride that we cannot withhold it. The comments in brackets, are ours.—Eds.]

CHICAGO, January 13th, 1883.

DEAR HAHNEMANNIAN: I received your December number, and not being a subscriber, I wondered why I was so honored. Examination of the contents explained. There I found "Something particular." Among the particulars you emphatically assert that a physician should proclaim himself as a homœopath if he is one, and that, if he represents himself as a homœopathist, he should practice homœopathy. Here you give a man the liberty to choose for himself, but, having chosen, you rightly demand that he act the part of an honest man. This is liberty enough for any decent physician, I am

sure. Not to be too exacting, you add: "Homœopathy as *he* understands it; not slavishly as somebody else teaches it." Poor Hahnemann is knocked out by the first blow. [No; it is poor Ballard; Hahnemann is all right.]

Then to make it more Institute-like, you tell him to practice as he likes; it is nobody's business how he treats his patients. [Whew! Where did you go to Sunday-school, Doctor?]

Now, really, it seems to me that you are more liberal than you used to be. [Scarcely.] If I am not mistaken [Ah! but you are, though!], it is but a few years since you denounced [No we didn't. It was Drs. Talbot, Wesselhœft, Ludlam, and Dake, who "denounced," and they did it about right. We were there, and enjoyed the fun.] as a mountebank, a physician who, accepting an invitation to address The American Institute of Homœopathy, committed the grievous offence of [insulting his entertainers, vilifying Carroll Dunham and] advocating homœopathy as *he* understood it [Didn't know "he understood it." Thought he claimed to advocate it as Hahnemann understood it.], which was Hahnemannian homœopathy, the only homœopathy he knew of, the homœopathy which the name implies will find a [Look out for your punctuation, Doctor. What are you driving at now?] champion in THE HAHNEMANNIAN. Alas! how deceptive are names. [That is so; *e. g.*, when a man who calls himself a rooted and grounded homœopathist, proves to be nothing but a mechanical player of medical dominoes.]

In face of the above, I do not think that THE HAHNEMANNIAN is the sort of a journal a Hahnemannian is greatly in need of. [Speak only for yourself, Doctor; do not forget that there *are* Hahnemannians who *think*, and that some such are subscribers, yea, and contributors to this journal. Your personal dislike of the MONTHLY is the highest compliment you could pay it.]

Very respectfully,

E. A. BALLARD.

ORIGIN OF NERVE-STRETCHING.—The Glasgow *Medical Journal* says that nerve-stretching was originally suggested by Philip Doddridge, D.D. (born in 1702, and died in 1751), as a religious stimulant. The suggestion is recorded in his immortal line: "Awake my soul, *stretch EVERY nerve*, and press with vigor on!"—*N. Y. Med. Abstract*. Now we know that Dr. Doddridge was not a homœopathist. His medical discoveries are duly acknowledged.—Eds. H. M.

1883.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., March, 1883.

No. 3.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

HOMŒOPATHY AND SURGERY.—Enamoured of their adopted system of medicine, and earnest if not partisan in re-echoing the instruction of their professors, students of rival colleges often contend hotly for the superiority of their respective schools.

The worsted party, laying his defeat to want of information, speedily seeks out some member of his faculty who is supposed to be especially keen in argument, and who is thoroughly “posted” in the question at issue.

It thus frequently happens that the doings of one faculty become known to another, and so the contest extends from students to professors, from private disputations to public lectures.

In this manner, we have known a personal contention over the relative value of homœopathy and substitution of similars and antagonisms, to rise to the dignity of an elaborate disquisition upon institutes.

But cases do not always require an appeal to a higher tribunal. We remember, years ago, when we were a student at

college, we chanced one day to meet an old schoolmate who was then studying at the University of Pennsylvania.

"Hilloa, E——!" was his familiar greeting, "what are you doing over at your little-pill college?"

"Oh, lots! we're curing patients whom you fail even to relieve," was our fulsome reply.

Now we felt confident that our thrust was so direct and strong that it could not possibly be parried. We expected to see our opponent drop, figuratively speaking. Perhaps we strutted a little; perhaps we crowed. But, with provoking ease came the parry and counter-stroke:

"Well, isn't it lucky *some one* can cure them?"

We found it convenient to turn the next corner, although it carried us two squares out of our way.

Sometimes, however, these contests savor so of unfairness, that they disgrace alike the pupil and his demagogue professor.

It is very common to denounce homœopathy by asserting that its claims are impossible of accomplishment.

"How," it is asked, "can a minute dose of medicine set a broken limb, relieve an obstructed bowel, or evacuate a dropsical tumor?"

Were this a rare question, propounded by the ignorant, it would deserve no notice; but when it is used by reputable physicians, and even advanced in lectures, as fatal to the system of Hahnemann, we may be excused for inquiring into the motive of those who employ it.

To deride Hahnemann may be a pleasant pastime, but what, meanwhile, becomes of honor and justice? Even if the derision is indulged in in ignorance of Hahnemann's teachings, what is to be said of the qualifications of such a critic?

But allopathic teachers, if their own admissions are to be received, cannot plead ignorance. Oh, no; they "have carefully and thoroughly read the works of Hahnemann, and there is nothing true in them." But *we* read:

"Affections of external parts requiring mechanical skill, properly belong to surgery *alone*. . . . Examples of this kind are, the union of edges of wounds by bandages; the extraction of foreign bodies; the opening of cavities, either for the removal of cumbersome substances or *to form an outlet to effusions*; the approximation of fractured ends of bones," etc. (*Organon*, § 186.)

In view of the evidence, then, our critics stand self-condemned, and the meanness of their motives becomes apparent to all.

THE ALLOPATHS AND THEIR CODES.—Last month witnessed the second stage of the conflict between the friends of the two codes of ethics now in existence among allopathic physicians. The New York allopaths had been taken in hand by the mother association, at its meeting out West, last spring, and had been metaphorically spanked for undertaking to set up for themselves without due permission. It was to be expected—and we did expect—that the frown of the American Medical Association would speedily reduce the rebellious New Yorkers to abject submission. But the expectation was not realized; the rebels “didn’t scare worth a cent.”

Now it begins to look as if the American Medical Association is likely to have a pretty kettle of fish on its hands. The New York Society has declared its independence, and evidently proposes to maintain its position. There are few diseases more contagious than is rebellion among dissatisfied subjects. That the vassals of the American Medical Association are, and have long been, restive under the galling restraints of the absurd code of ethics, and chagrined and indignant at being held incompetent to judge for themselves in matters pertaining to their own private business, has long been evident to the most superficial observer. The determined attitude of New York will doubtless suggest, and probably induce secessions in other States. If such a condition of affairs should arise, or even if it should not, it is not unlikely that, unless the national society offers some sort of compromise, there will soon be a second organization formed to rival the old one, having its subordinate branches in every State of the Union. New York doctors are scarcely the men to sit still very long after their interests and enthusiasm are aroused in behalf of any new measure of professional reform.

Exactly what good, and to whom, is to result from all this racket and riot, we cannot yet see. That it will secure its avowed object—the destruction of homœopathy as a system of medical practice—we do not fear. That it will break down the barriers between the two schools, seems scarcely less improbable. The mere question of consultation has long ago ceased to have much importance in the minds of homœopaths, and there are other matters of far greater moment to be considered, other questions of difference to be settled, ere the way can be opened and existing animosities healed. That these questions will be equitably adjusted some time, may be regarded as certain; that this adjustment can be effected during the nineteenth century, does not, as yet, seem possible. If any

one will read the speeches, *pro* and *con*, made by allopathic physicians, or the writings of allopathic editors, on the question of revising the code, he will fail to find on either side of the question, one single, solitary remark, statement, or comment, indicating that the speaker or writer has even begun to get a glimmer of the real essence of the differences which separate the two schools. This stupidity is the more amazing when we reflect that the very first question to be considered next in order, brings up at once one of these differences,—the validity of a diploma issued by a homœopathic college.

Practically, the new code can have no effect whatever upon intelligent, self-respecting homœopathists. All such *must* refuse to consult with men who, either by expression or otherwise, deny the regularity of their graduation. Besides, it is not very likely that allopaths will yet seek the counsel of members of the homœopathic school, while it is certain that no well-educated homœopathist will ever ask professional advice from an allopathist. The new code, then, must remain practically a dead letter, at least until further steps are taken.

THE BUSINESS MANAGER of the *HAHNEMANNIAN* takes this occasion to thank the subscribers for their generous response to the January bills.

He has a few more thanks in reserve for those who have not yet remitted.

Notes and Comments.

THE WESTERN MEDICAL REPORTER (Chicago, Ill.), for February, comes to us without paging or signatures. When the volume is completed, won't there be blue music and the smell of sulphur in the Chicago binderies?

THE MEDICAL TRIBUNE, our Eclectic neighbor of New York, has dressed itself in a new cover, which makes it look livelier than ever. The *Tribune* can always be counted on for fair and honest dealing, and is in the foremost rank of the defenders of professional liberty.

AN ARMY MEDICAL BOARD is in session in New York city, examining young men for appointment as allopaths in the United States Army. *Medical* men, as such, are not admitted to the privileges of examination, and *physicians* are not eligible to appointment, unless their knowledge and their belief are restricted to a single mode of practice.

EVOLUTION RUN MAD.—It is now claimed by the evolutionists that wheat is nothing but a degenerated lily! (see *Popular Science Monthly*, March, 1883). Strange word, *degenerated*, when the transformation is from mere beauty to world-wide usefulness. The very term suggests the impossibility of the fact. What has the goddess Ceres to say about it?

THE MEDICAL CALL, published by Dr. O. H. Crandall at Quincy, Ill., has changed from a quarterly to a monthly. It is a bright, clean, crisp, at-

tractive journal, and when the editor is not too much hurried with practice, he will scarcely admit such typographical errors as "lasceration" (p. 81), or "calliquative" (p. 11)—see March number. All journals, edited by busy practitioners, however, are liable to just such imperfections.

A NARROW ESCAPE.—A gentleman, the other night, was taken painfully ill with cramps. He hastily sent for his doctor. But, as luck would have it, the doctor was not at home, and so the call was not answered. However, the patient was well by morning, and, on his way down town, chancing to meet a friend, he referred to his sufferings of the night, and then facetiously remarked: "I believe I owe my life to that doctor."—(Philadelphia paper.)

THE BATTLE OF CLEVELAND.—There has been a medical unpleasantness, in Northern Ohio, in the course of which a Dr. Thayer (allopath) lectured on the subject of homœopathy, and had a part of his lecture printed in the newspapers. Professor J. Edwards Smith, in an interview with a reporter, effectively portrayed Thayer's ignorance, not only of the principles, but also of the history of homœopathy. Allopathic doctors never make good generals. They are too ready to rush into battle, without stopping to learn the nature of their opponents' position; consequently, they suffer defeat every time.

THE CLIMATE OF FLORIDA.—Dr. H. R. Stout, of Jacksonville, Fla., writes to the *United States Medical Investigator*, to the effect that "almost all diseases are benefited to a greater or less extent by residence in the State, and especially diseases of the respiratory organs. I could point to almost numberless cases of phthisis, bronchitis, laryngitis, etc., which have been practically cured by a residence here. You will find such cases in all parts of the State, not only along the St. John's River, and on the Alabama (Atlantic?) coast, but in the interior. There is no one locality that is pre-eminent over another for beneficial influence. . . . Not only is the climate beneficial in respiratory diseases, but also in rheumatism, neuralgia, nervous debility, and in convalescence from almost any disease. Chronic malarial troubles are also benefited, although . . . Florida is generally considered to be a perfect hot-bed of malaria. We do not, however, have malarial diseases during the winter, and such diseases are undoubtedly benefited by a change of climate."

New Publications.

SUPRAPUBLIC LITHOTOMY. By William Tod Helmuth, M.D., Professor of Surgery in the New York Homœopathic College, Surgeon to the Homœopathic Hospital on Ward's Island, and to the Hahnemann Hospital, New York, etc. Illustrated. Boericke & Tafel. 1882.

Professor Helmuth has always been recognized as a brilliant writer, and a careful and faithful teacher, nor will his reputation be in the least diminished by this last publication. The volume is the result of a most exhaustive search into the history of the operation, together with a large number of experiments performed for the purpose of establishing certain facts in reference to the safety of the method, and the work is completed by a recital of his own cases. In the preface, as well as in the text of the book, he gives the first place in all operations for the removal of stone from the bladder whenever it is possible, to *Bigelow's Litholapaxy*, or, as he terms it, the "American Method of Lithotrity," and adds that, "if a cutting operation is desirable, hypogastric lithotomy, in many cases, is preferable to all others."

Chapter I. contains the history of the operation, and is full of interest. Chapter II. gives, in tabular form, all that is known of this method, as shown in nearly 500 cases, and is a most valuable and reliable addition to the statistics of the subject. Chapter III. discusses the opinions, objections, and experiments in relation to Suprapubic Lithotomy, and the advantages of the operation. The list of experiments upon twenty-five cadavers gives the rise and the backward rotation of the bladder, showing that the fold of the peritonæum is lifted an average distance above the pubes of nearly two inches, thus giving ample space in an average case, for operating without risk of wounding the peritonæum. Among the advantages given for the operation, he notes, 1, the absence of danger from hæmorrhage; 2, the great advantage of being able to see the different steps of the operation; 3, it admits of removal of stones of greater magnitude than any other methods; 4, certain accidents—wounding of the rectum, incontinence of urine, impotence, and urinary fistula—are not to be feared. The main objections being, the danger of wounding the peritonæum, which, according to statistics is rare, and urinary infiltration, which can be guarded against by the use of proper drainage apparatus, thus reducing even this danger to a minimum.

It occurs to us that if the continuous suture were employed, using a small needle and fine catgut, and including a fourth of an inch of the external coat of the bladder, without penetrating the inner coat, it would invert the line of union, and in this manner prevent the infiltration of urine, especially if a soft catheter were frequently introduced.

Chapter IV. gives the details of a number of cases. Chapter V. presents, in a concise, yet thorough manner, the method of performing the operation. This part of the subject is handsomely illustrated with colored plates.

The work is one of the best Professor Helmuth has ever given us, and its publication will greatly assist to make the suprapubic operation the coming method of performing lithotomy. The mechanical execution is well up to the high standard of the publishers, Messrs. Boericke & Tafel. J. E. J.

THE DISEASES OF CHILDHOOD, WITH THERAPEUTIC INDICATIONS. By B. F. Underwood, M.D. Published by the A. L. Chatterton Publishing Company, New York, 1883.

This compilation from standard authors is, as the editor expresses it, an outgrowth of his preparations for a course of lectures on the diseases of children.

It comprises brief descriptions of ailments incident to childhood, together with a very full therapy for each disease. So marked is this contrast that the book would be more aptly named if the terms of its title were reversed. Still, just such summarizing, if well done, is of great service to the student, as well as to the busy doctor.

But the work before us exhibits numerous errors, and also instances of haste and want of care, detracting greatly from its reliability.

As a sample of diagnosis we subjoin the following, which is presented as diagnostic of nephritis: "The diagnosis will appear from the nervous ex-

citement, and frequent passing of scanty urine tinged with blood, with pain and tenesmus" (p. 76).

Diabetes, it is stated, is caused by "a nervous degeneration, due to gastric or intestinal disorders" (p. 81).

On page 154 the author says: "In its onset, diphtheria resembles scarlet fever, . . . and is due to a similar specific contagion." We can surmise what he means; but what he actually says is evidently erroneous. The language is faulty.

Ammon. carb. is suggested when the child "is roused the moment he falls asleep from want of breath." If he falls asleep from want of breath, we fear it will be too late for even hartshorn to arouse him.

The author is as much prejudiced against diphtheria as some other writers are in its favor. Raue declares the prognosis not bad; Underwood declares it unqualifiedly unfavorable.

Twice at least is "Arum" spelled "Aurum;" Gelsemium is persistently misspelled with an "n;" and Antimonium crudum, is continually printed "Antimony crude," and Antim. tart. is rendered "Antimony tartar," or "Tartar Emetic." "Staphisagria" is inexcusably printed "Staphysagria."

On page 131 Stramonium is inadvertently made to suit eruptions which do not retrocede: "after fright, or when eruptions do not come out properly or retrocede."

Is there not evidence of careless haste in the following? Chorea "is an involuntary spasmodic motion of a single, or of a single group, or groups of muscles. . . . The causes may be divided into predisposing and exciting, the former (?) being weakness or degeneration of the nervous system" (pp. 131, 132).

Frequently sentence follows sentence with no other form of verb in each than the present participle. For instance, on page 135 we read, "The convulsion *arising* from the irritation and inflammation of the spinal cord. The cellular tissue surrounding the cord *being* effused with blood." In one instance at least, a participle is crudely followed by a verb in the present tense: "Death *arising* from exhaustion, and *occurs* at the end of the second week."

On page 139 we are informed that typhoid comes from "an animal malaria." What this is we are at a loss to determine.

On page 154, it is asserted that the diphtheritic membrane if spontaneously thrown off, does not renew itself. This, we think, the experience of many will contradict. At best it is too emphatic a declaration.

On the next page we are instructed that death from diphtheria often results from "syncope or innervation." Surely this must be a misprint.

On page 148, after detailing the symptoms of Verat. viride, we find added, "Verat. vir. (see Spinal Meningitis)." This singular repetition throws some doubt upon the validity of the previous symptoms related, and, too, is annoying; for, on referring to spinal meningitis, we find no mention there of either Verat. viride or Album.

In reply to our fault-finding, it may be retorted, that errors of the kind we refer to are exceptional, and that in concise writing, elliptical sentences are admissible. But, in rejoinder, we would say, that the errors to which we allude are not isolated examples. They exist, scattered throughout the entire book. And our objections do not apply so much to incomplete sentences as to ungrammatical expressions, and to ambiguous phrases. Book-making is rapidly growing, and homœopathic literature is vying with the best efforts of allopathic writers. But, if we would compel an acknowledgment of literary merit, as well as of superior medical skill, we must be more particular in our construction of books. A preface may explain our haste in preparation, and give other reasons for terseness of expression and paucity of matter; but it cannot excuse us. A treatise which is to become a trustworthy guide, and a fit exponent of the God-given art of healing the sick, must be as near perfect as scholarly effort and professional skill can make it.

F.

LEGAL MEDICINE. By Charles Meymott Tidy, M.B., F.C.S. In two volumes; being the November and December numbers of *Wood's Library* for 1882. Published by Wm. Wood & Co., New York.

In the confusion of moving from the old to the new rooms of Wood's Agency in Philadelphia, these two volumes were mislaid, and so did not reach us in time for a prompt review.

The plan adopted by the author in disposing of his important subject is quite simple. After introductory remarks concerning the study of legal medicine, the giving of evidence, etc., the author enters at once upon a consideration of his subject. Each topic is thoroughly examined and is then illustrated by a series of appropriate cases. By this plan the reader is treated to a very effective combination of the theoretical with the practical.

Among the responsibilities of the expert in court, especial stress is laid on his ability to determine the nature of death, its signs and appearances, the distinction of sex in mutilated bodies, the test of blood-stains, the determination of extra- or intra-uterine death, etc. Volume II. extends the studies to insurance, to effects of heat and cold, to detection and discrimination of burns, to stroke from lightning, to the symptoms of starvation, etc. And finally, a copious index to subject-matter and cases referred to, closes the work.

The author writes, first from a very extensive reading of his subject, and secondly from a very extensive inquiry into doubtful points, by the test of fresh experimentations.

Those who have enjoyed the classical work of Casper, will be pleased to see him quoted here. But neither this, nor any other authority, is followed implicitly. For instance, it has long been accepted as a sign of death, that a flame applied to the skin will not raise a *serous* blister. And the same supposition has frequently been employed to prove that a burned body was dead before being exposed to fire. Our author, however, refers to Chambert, Lewet, Champouillon, Wright and others to show that serum may be found in blisters from fire post-mortem. And then, based likewise upon his own experiments, he deduces the rule that, if upon a burned body, blisters be found containing air, or even some thin non-albuminous serum, the burn

was inflicted after death; but if the serum is thick and rich in albumen, it was inflicted before death.

The same thoroughness and originality are noticeable in all the subjects handled, so that we may safely say that nowhere can the reader find so systematic and concise a work as this, and fully up to the requirements of the times. F.

DISEASES OF THE RECTUM; THEIR DIAGNOSIS AND TREATMENT. By William Allingham, M.D. Fourth edition. Published by P. Blakiston, Son & Co., Philadelphia, 1882.

This book has reached its fourth edition through a well-deserved popularity. Its author writes as one fully acquainted with his subject. Every page is replete with practical suggestions, which are not the work of a mere compiler, but are evidences of extended personal experience.

The book, further, has the merit, which, by the way, is characteristic of the works of Blakiston, of being convenient in form and size, well printed and concise.

The chapter on ulceration and stricture is very full. So trustworthy is Dr. Allingham's description of the attending symptoms of ulceration that it is quoted by other writers as authoritative.

Another evidence of the thoroughness of the work is the frequent mention of apparently disconnected symptoms, but which are, nevertheless, really co-associated. For instance, stricture of the rectum, Dr. Allingham has found, may be attended with a low form of peritonitis, marked by tympanitis, vomiting and pain, etc.

Dr. Allingham is one of those who deny that cancer can be inherited. Statistics may seem to sustain these physicians but reason is opposed to such an absurd conclusion. F.

PLAIN TALKS ON AVOIDED SUBJECTS. By Henry N. Guernsey, M.D. Published by Boericke & Tafel, Philadelphia, 1882, 12mo., 126 pp.

This little book strives to lay before the reader many points of interest concerning the sexual relations. Dr. Guernsey passes under review the temptations of the mother to prevent conception or to destroy its unborn product; also the rearing of the infant, child and youth; the difference between man and woman; the sacredness and beatitudes of marriage; advice to the "unfortunate;" origin of sex, etc.

The advice given is plain indeed, but still it is couched in inoffensive, chaste language, and cannot but be productive of good results.

While, however, we think highly of the general tone of the book, we cannot but regret that its author is at times too enthusiastic, and, in one instance at least, extravagant in his claims. That millions die annually from the effects of poison contracted through illicit intercourse is an extreme statement. And, then, again, to claim that *every* case of seminal emission can with our present knowledge be radically cured with medicine, is extravagant; for neither the author nor any other physician has cured every such case, or can cure every such case. The same source whence Dr. Guernsey derived many of his beautiful thoughts concerning marriage, offers him valuable information

concerning sexual excesses. And while it is true, as the doctor declares, that a physician has no right to advise illicit sexual intercourse, it is equally true that he cannot promise a full restoration to chastity and sexual repose until years of regenerative work have exerted their transforming effects. Meanwhile, in some cases, medicines, at least such medicines as are at our disposal, are not always adequate to effectually stop sexual excitement and consequent seminal emissions. F.

HAHNEMANN, THE FOUNDER OF SCIENTIFIC THERAPEUTICS. By R. E. Dudgeon, M.D. Published by E. Gould & Son, London, 1882.

Refreshing, indeed, is it to sit down and peruse this little book. Written in smooth and sprightly English, replete with information derived from a long and thorough delving into medical literature, and, above all, bold and true in its defence of Hahnemann as a therapist, the work commends itself to every cultured homœopathician.

That it has defects is true; but whether these defects are blemishes or pernicious errors, depends upon the attitude of the reader. To one who is unwilling to concede that Hahnemann at Coethen was a mere hermit, concocting ludicrous theories, Dr. Dudgeon's denunciations of dynamics, "homœopathic aggravations," etc., will seem unjust and harmful. But to one who caters for allopathic favor, the rejection of all save the law and the provings on the healthy, will be eminently satisfactory.

Among the excellent points of the book, we commend especially the masterly contrast of Hahnemann with other noted physicians, modern and ancient. We also commend the facetious manner in which Dr. Dudgeon dismisses that great innovation of the day, that "diseases are divisible into those in which a microzoon has been found, and those in which one will be found." Referring to the "carbolic acid craze," he says: "But it gradually transpired that some of these minute organisms, so far from being destroyed by the acid, increased and multiplied, and enjoyed themselves amazingly under carbolic acid dressings."

The brochure is fittingly dedicated in memoriam of Dr. William Bayes. We say fittingly, not only because of the doctor's high professional standing, but, also, because it comprises the substance of a lecture delivered in the London School which Dr. Bayes was instrumental in founding. F.

BRITISH HOMŒOPATHIC PHARMACOPEIA. Published under the direction of the British Homœopathic Society. Third edition. E. Gould & Son, London, 1882.

Closely following the American Pharmacopœia, comes this third edition of the English—whether as a rival or as an ally is difficult to say. In either case, they compare very well in dress and in contents. The former comprises the larger number of drugs, and is fuller in directions as to preparation, the latter, however, includes some medicines not mentioned in the other. Among these is Anilinum sulph., an omission from the American work which is rather surprising, since it was proved years ago by Dr. Bell, and has so become official.

Some of the omissions from the British work are inexcusable. It may be

that the society issuing the book is prejudiced against nosodes. And so far as this leads to the exclusion of fanciful remedies, it is right enough. But individual preference should not banish from a work intended for the whole profession, such a regularly proved and well-tried substance as Psorinum. If Ambra grisea is retained, why not other products of disease?

Directions for preparing phosphorus and sulphur are excellent. The valuable remarks of Mr. Thompson on the solubility of Phosphorus have been utilized. But in the preparation of Lycopodium Mr. Thompson's injunctions on the common mode of triturating the hard sporules have not been referred to. In view of the imperfect specimens of Lycopodium usually furnished by pharmacutists, we consider this omission unfortunate. In happy contrast with this want of caution is the italicized phrase under Angustura, "distinguished from false Angustura by its outer surface not being turned dark green, nor its fracture red, by nitric acid." As many were poisoned by the careless and criminal confounding of the true bark with the false, which latter contains Strychnia, the appropriateness of the distinguishing sentence is very apparent.

As only the working bees and the queens have stings, Apium virus necessarily excludes the drones. The British Pharmacopœia, with characteristic niceness, directs that when bees are entrapped in a bottle they be stupefied with chloroform, the drones rejected and the posterior half of the abdomens of the sting-bearers be bruised and treated with alcohol. Who will say that the bodies of the drones might not alter the effects of a more pure virus?

Arnica is prepared in three ways, by using the entire fresh plant; the dried flowers, and the root only. No reference is made to the *Muscæ arnicæ*, to which Hering directed our attention. Had our British friends examined the early specimens of flowers imported into this country, we think they would have lent a more credulous ear to our warning. They were full of the larvæ of these irritating insects. We here prefer a root-tincture, to which is added full-bloom flowers deprived of their calyxes to remove the larvæ. A recent writer (allopathic) attributes the irritating effects of the entire plant to little hook-like processes which do not appear on the roots.

Oleum animale is enriched with a list of its chief chemical constituents. We wish this had been extended to other complex substances.

A brief chapter is devoted to a consideration of external applications without the society committing itself to their recommendation. Their usefulness is not questioned, but doubts exist as to which brings the relief. F.

MANUAL OF GYNÆCOLOGY. By D. Berry Hart, M.D., and A. H. Barbour, A.M. In two volumes, being the January and February issues of *Wood's Library* for 1883.

These two books cover over six hundred pages, and present nine plates and four hundred wood-cuts, illustrative of the subject-matter.

The text is plain, the illustrations clear, and the descriptions concise, accurate, and fully up to the times.

F.

Cleanings.

ARNICA IN CHEST SYMPTOMS.—In Dr. Gregg's *Illustrated Repertory* is the following symptom of Arnica, which we have confirmed: at every inspiration a stitch in the right side of the back, extending from the last ribs up to the axilla.—F.

THE VOCAL CORDS IN DEGLUTITION.—According to Traube, approximation of the vocal cords is a necessary part of every act of deglutition. This explains that common symptom of advanced ulceration of the cords: fluids enter the larynx and excite cough.—*N. Y. Med. Abstract.*

TO DESTROY THE ODOR OF PAINT.—As patients are sometimes annoyed by the odor of fresh paint, the following is deserving of trial: Slice a few onions and put them in a pail of water in the centre of the room, to remain there for several hours. Or, plunge a handful of hay into a pailful of water, and let it stand in the room over night. (See *Household Art Journal*.)

ONE MORE PESSARY.—Dr. C. A. Von Ramdohr offers a new pessary for the relief of anterior uterine displacements. It is shaped like either a Smith's or a Hodge's, but the middle of each arm, instead of being made of rubber, is formed of a spring coated with rubber. This modification, by permitting normal changes of position, makes the instrument safer and less annoying. (See *Medical Record*.) Still, it is a pessary.

THE INTRACRANIAL VESSELS.—Burdach claims that the cerebral arteries lose their muscular fibres as they pierce the brain. (*Vom Baue und Leben des Gehirns*, 1822.) In this supposition he follows Boerhaave. But recent authors, notably Quain, in England, and Bock, in Germany, declare positively that the muscular coat of intracranial arteries is not lost, although all admit that their several layers become much thinner.

PENWIPER.—A writer in a German paper states that it is the custom in offices in that country to have a sliced potato on the desk for use as a pen-wiper, and to clean steel pens. It removes all ink-crusts, and gives a peculiar smooth flow to the ink. New pens should be passed two or three times through the gas flame to remove the grease with which they are coated before packing. The ink will then flow freely.—*Chemist and Druggist*, February, 1883.

INFLUENCE OF RESPIRATION UPON PULSATION.—Piégu, by inclosing his leg in a peculiarly constructed boot, was able to distinguish between the motion imparted from the lungs and that from the heart. The boot communicated with a horizontal tube, furnished with a scale. Water was poured into the boot until it filled the free space and rose slightly in the gauge. By holding the breath a pulsatile motion was observed in the water of the tube; and this, when respiration was resumed, perceptibly changed in character.—*Revue mensuelle de Médecine et Chirurgie*.

COBWEBS are the coming remedy as a substitute for quinine, according to Spanish medical authorities. Dr. Oliva, in the *Correspondent Medical*, summarizes 119 cases of treatment by this remedy (*telarana* is the Spanish name for cobweb), and concludes that it will cure intermittent malarial fever, whether quotidian or tertian. The dose is 30 grains for adults, 15 for children. It is not so immediate in its action as quinine, but more permanent, and it is tasteless. The cobwebs are selected with care, cleansed, and exposed to the sun, after which they are powdered.—*Chemist and Druggist*, Feb., 1883.

HEART-SCANNING.—Dr. Samuel W. Francis, of Newport, R. I., says that the normal "beat" of a healthy heart is iambic, — —; and that when it

is trochaic — —, pyrrhic — —, or like a spondee — —, it should be regarded as a signal to the physician that there is something wrong which calls for a thorough investigation by auscultation and percussion. Dr. Francis also reports a case where the pulse was only 29 to the minute, and the beat dactylic, — — —; the one long and two short being well marked. The patient was a lady, sixty years of age, who recovered (from what?) under diffusible stimulants and counter-irritation.—*Exc.*

SEPTIC EFFECTS FROM STERILIZED SEPTIC MATTER.—From a series of very carefully conducted observations, Rosenberger found that the injection of cooked and absolutely germ-free septic poison of malignant œdema, or contagious septæmia, caused fatal results. The blood in all these experiments, both before and after death, contained the same bacterial forms as in the ordinary cases of septic poisoning from bacterial fluids. He concludes that micrococci, always pre-existing in the blood, and therefore not pathological, become transformed into specific septæmic bacteria.—*Philadelphia Medical Times*.

USE AND ABUSE OF POST-PARTUM INJECTIONS OF HOT WATER.—Hot water, 112° to 115° F., is the most prompt and certain of all means advised for the stopping of post-partum hæmorrhage. It regulates irregular uterine contraction, causes no shock, and avoids all the dangers arising from introducing the hand into the vagina, or from the employment of astringents.—(*Philadelphia Medical Times*, December 16, 1882.) We are reminded of a remark of Prof. B. F. Betts, M.D., that too violent or too prolonged hot water injections may produce serious symptoms by driving the blood out of the uterus into the large vessels, and so endangering the heart.

TO REMOVE TAR FROM THE SKIN.—Rub the parts to be cleansed with the inside of orange or lemon peel and wipe them dry. The volatile oils dissolve the tar (see *Chemist and Druggist*, January, 1881). This method may not be always advisable, however, as, for instance, when it becomes necessary to remove tar from a burned or scalded surface to which it has been applied by some thoughtless nurse or neighbor before the physician's arrival. In such a case, the free use of lard or olive oil, persevered with, will effect its removal without seriously irritating the injured part.—*Eps.* H. M.

DANGEROUS PULSE-SYMPOMS.—A pulse, at first dicrotic, which gradually loses its dicrotism and becomes quick and monocrotic, is indicative of pathological changes from which induced or spontaneous recovery is extremely doubtful. When transferred, by the sphygmograph, to paper it may well be called the lethal trace. In its development there is more than a failure of arterial tension, there is a failure of arterial elasticity. Such a pulse is not inevitably followed by death. In the collapsed stage which follows the pyrexia in a severe malarial paroxysm, and in some cases of cerebral concussion, the pulse is devoid of tension and dicrotism. But generally in acute diseases such a pulse is fatal.—*Archives of Medicine*, February, 1883.

VERBASCUM IN PHTHISIS.—Dr. T. J. B. Quinlan, Dublin, calls attention to the frequent and successful use of mullein in relieving phthisis. It creates a comfortable feeling about the chest, eases the dyspnoea and the cough, and checks the diarrhœa. It has no effect on the night sweats. (See *British Med. Journal*.) Homœopaths, having provings of the mullein (*Verbascum*), ought to use it precisely: Hoarseness on reading aloud; benumbing, cutting, stitching pains in the left chest; oppressive, benumbing stitch in the region of the first and second costal cartilages, taking away the breath; painful catarrh of the frontal sinuses, with hot, profuse lachrymation (*Jeanes*); cough deep, hollow, trumpet-like, caused by a tickling in the larynx and chest; cough lessened if he can take a deep breath (clinical).

JENSEN'S PEPsin IN DIPHTHERIA.—Dr. Edwin Rosenthal, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin, as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membrane, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used, was

R. Jensen's pepsin,	3j.
Acidi Hydrochloric, C. P.,	gtt. xx.
Aque q. s. ft.	fl 5 j.

M. S. Apply copiously every hour with a throat mop.—*Exch.*

Would it not be better to substitute lactic acid for the hydrochloric? Its action in a digesting solution is not inferior to that of hydrochloric acid, while its solvent power upon diphtheritic membrane is demonstrably greater. Indeed, the hydrochloric acid is accused of *hardening* the membrane.—Eds. H. M.

TONGUE SYMPTOMS.—The epithelium, though easily detached, may adhere very firmly. Then the dorsum of the tongue, which ordinarily is pale red, will become pale or white. If, however, the epithelial layer is thin, the tongue will appear red; or, if the underlying capillaries are distended, it may even present a raw-beef redness. *Furring* of the tongue depends upon the retention of rapidly desquamating epithelium, mixed with mucus, débris of food, and the thickened secretions from small glands; there are also present multitudes of bacteria and fungi. A *pale tongue*, which takes the imprint of the teeth, is anæmic and covered with a quantity of moist epithelium. The *strawberry tongue* owes its peculiar appearance to the swollen condition of its bloodvessels, and of its fungiform papillæ. The superficial layer of the epithelium becomes detached, leaving the undistended portions of the dorsum of the tongue bright-red, or even dry and glazed. A *dry brown tongue* is made so by changes in the epithelium, which, with mucus and glandular secretions, lose their moisture. If the mucous membrane of the mouth be occasionally painted with glycerin and water, one to ten, much of the distressing dryness incident to fevers will be removed, greatly to the relief of the patient. (See *Beale's Slight Ailments*.)

EARLY SYMPTOMS OF LARYNGEAL PHTHISIS.—Recurrent aphonia or hoarseness, with slight unilateral pain in the larynx. Gums anæmic, with probably a red line adjoining the teeth; tongue furred in the centre, and red at the tip and edges, with its veins full and even ecchymosed; pallor of the fauces, with such irritability that the patient is intolerant of laryngoscopic examinations. Laryngeal anæmia, with a peculiar dim, lustreless condition of the cords, and with patches of congestion, especially towards the arytenoid region. From hysteria, with anæmia, in which there are often fanciful throat affections, the disease may be distinguished by the thermal rise which accompanies the latter.

The initial aphonia is not the huskiness of laryngeal inflammation and swelling, but is functional, being due to impairment of the vago, and to weakness of the muscles.

Cough is at first dry and harsh; later, and after ulceration and destruction of the cords, it is severe and husky. A peculiarity of the cough, when the boundaries of the glottis are destroyed, or when the intra-arytenoid swelling prevents closure of the glottis, is, that it assumes the character of a forcible expiration, and so is ineffective in clearing the air-passages of secretion.

Constitutional symptoms are usually more intense, and the downward progress of the disease is more rapid than in pulmonary tuberculosis.—G. H. Mackenzie, M.D. (See *N. Y. Med. Abstract*, February, 1883.)

PORCELAIN *versus* WEDGWOOD MORTARS.—Mr. Witte, of the Cleveland Homoeopathic Pharmacy, in a letter refers to his triturations as follows:

"I make a specialty in selecting sugar of milk for its hardness, then triturating it with the remedy to a sufficient extent in *porcelain* mortars, arranging my trituration so that it *mizes* all the time it triturates.

"I triturate a 2½-oz. mixture of the 1st for ten hours usually, although in some cases twenty hours. A 10-oz. mixture of the 2^d or higher I triturate two hours; a 7½-oz. mixture of same, one and a half hours; a 5-oz. mixture, one hour.

"A porcelain mortar triturates much more effectually than a Wedgwood mortar, as the latter, being soft, does not hold particles sufficiently to allow a proper triturating effect. To satisfy yourself on this point, take a porcelain mortar, no matter how smooth it may have worn, press the pestle firmly on the inside of the mortar, and then pry the pestle along, using the edge of the mortar as a fulcrum. Then try a Wedgwood mortar, no matter how rough it may be, in the same way. The difference is enormous. The Wedgwood will glide along as smooth as if it had been oiled; the porcelain in a short time will rack your nerves. This refers only to porcelain mortars that are *not* glazed on the inside.

"It is my opinion that a good trituration can only be made with great difficulty, if at all, in a Wedgwood mortar; also that in a porcelain mortar it will take *three* hours to properly triturate *one pound* (the quantity that is sometimes triturated only *two* hours, and in a Wedgwood mortar at that)."

Mr. Witte further states it as his belief that the method employed by him, as above described, explains the difference between the triturations of *Lycopodium* examined by Dr. J. Edwards Smith, in which all the spores were broken, and those examined by Dr. Winslow, in which the larger proportion remained intact.

COMMITMENT AND DISCHARGE OF LUNATICS.—At the annual meeting of the Trustees of the State Hospital for the Insane, at Middletown, N. Y., Dr. Talcott, the superintendent, in his report, discussed the question of the commitment and discharge of patients, which have received so much public attention during the past year. He said that extraordinary care should be exercised in the commitment of persons to lunatic asylums, and that as soon as recovered they should be immediately dismissed. The insane are entitled to the very best possible treatment, and this can be best given in asylums. Compulsory education is deemed necessary for the young, and compulsory care of the insane is equally important. Improper incarceration of persons in asylums he admitted is a possibility, but he denies that it is of frequent occurrence.

Dr. Talcott regards the present commitment laws as good, but in order to add safeguards and to make impossible the imprisonment of any sane person in an asylum, he recommends that the legislature pass an act prohibiting any physician being appointed as examiner in lunacy who has not been seven years in practice, while the law now only requires three years. He should be a physician of large experience, established reputation, and should be especially qualified for the work by study of mental and nervous disease. Judges, before approving commitment papers, should be required to make inquiries as to the probable insanity of the parties; *should ascertain what are the relations between the patients and the persons asking their commitment*, and should make sure that the medical examiners are competent and have performed their duties thoroughly and honestly.

Under the present law the medical superintendent of an asylum has the sole authority to grant a certificate of discharge. Dr. Talcott suggests that in all doubtful cases he should have associated with him a medical and a legal adviser from the Board of Trustees, who should together determine upon the propriety of a discharge.

Dr. Talcott pays attention to the *habeas corpus* business, which has

been resorted to in so many cases throughout the country to take persons from asylums. He condemns the public trial of alleged lunatics by jury as harmful to patients actually insane, and as an unwarranted invasion of the home circle, which should not be resorted to except in rare and peculiar cases.

In the past five years three persons have been taken from the Middletown Asylum by order of court, following *habeas corpus* proceedings. In each case the person so released has been again put in custody for actual assault upon others, or for dangerous threatenings.

In closing his report, Dr. Talcott urged the asylum treatment in preference to any other method. The seclusion from the irritating cares of home life, the rest from overwork, the nourishing diet, recreation and amusement, exercise and occupation, together with cleanliness, pure air and other hygienic and sanitary measures, all contribute towards the improvement and cure of bodies and minds diseased.

News, Etc.

THE CAMDEN, N J., HOMŒOPATHIC MEDICAL SOCIETY meets stately once a month at the Camden Microscopical Rooms. It is doing good work.

L. G. VAN SCOYOC, M.D., the only homœopathic physician in his section, has been appointed county physician by the Commissioners of Osborne County, Kansas.

WINSLOW ON THE EAR has been adopted as a text-book in all the homœopathic schools of the United States. We learn that there is a prospect of the publication of a French translation of the work.

REMOVALS.—J. PAUL LUKENS, M.D., from Newport to No. 610 West Street, Wilmington, Del.

W. H. HARRISON, M.D., from Port Hudson to Baton Rouge, La.

WOOD'S LIBRARY FOR 1883 promises us volumes on gynæcology, electrotherapeutics, the microscope, diseases of the œsophagus, the treatment of wounds, hereditary syphilis, and veterinary medicine. Tidy's elaborate work on Legal Medicine, vols. i. and ii. of which closed the "Library" for 1882, will be concluded in the present series.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—Dr. J. B. McClelland has asked to be excused from serving as chairman of the Bureau of Gynæcology, and Dr. J. C. Burgher has been assigned to the vacant position. Dr. Maria N. Johnson has, on account of indifferent health, resigned the chairmanship of the Bureau of Obstetrics, and Dr. Millie J. Chapman has been appointed in her stead.

THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY held one of its most successful sessions on February 22d. The meeting was largely attended, and, besides an interesting report from the Bureau of Surgery, an important paper on "Cantharis," by Dr. Wallace McGeorge, of Woodbury, was read by its author, and discussed. The papers will appear in the HAHNEMANNIAN MONTHLY probably next month.

THE OHIO HOMŒOPATHIC MEDICAL SOCIETY will hold its next session in the city of Columbus, on May 8th and 9th, 1883. Every member is urged to present papers, and all the duly qualified physicians of the State should

unite with the society, and help it along in its commendable work. The coming meeting will certainly be of more than usual interest. The secretary, Dr. H. E. Beebe, of Sidney, Ohio, will doubtless furnish all needed information respecting the society, or its meetings.

A PROTEST AGAINST PROFESSIONAL LIBERTY.—The Central New York Homœopathic Medical Society, at its meeting held in Syracuse, in December last, appointed a committee to prepare and report a protest against the resolution in favor of freedom of medical opinion, adopted at the last meeting of the American Institute of Homœopathy. This action of the Central New York Society was taken at the suggestion of Dr. A. Lippe, and the committee consists of Drs. Clausen, Hawley, and Hussey.

HOMŒOPATHIC ASYLUM FOR THE INSANE.—The homœopathic profession and people of Massachusetts are exerting themselves to secure a State hospital for the care of their insane, such as has been, of course, provided long ago for the benefit of the allopathic portion of the citizens of the Commonwealth. The movement has received the indorsement of the governor and council, and it seems quite likely that a new hospital will shortly be established for the care and treatment of the homœopathic insane.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.—The annual meeting of the Hahnemann Medical Association of Louisiana was held Friday evening, February 9th, at the Homœopathic Pharmacy, No. 130 Canal Street, and the following officers were duly elected to serve for the ensuing year: J. G. Belden, M.D., President; Walter Bailey, Jr., M.D., Vice-President; Mrs. Harriet C. Keatings, M.D., Recording Secretary; Charles J. Lopez, M.D., Corresponding Secretary; Christian Sanders, M.D., Treasurer.

WARD'S ISLAND HOSPITAL, N. Y.—Dr. A. P. Williamson, Chief of Staff, reports 877 patients treated at the Homœopathic Hospital, W. I., for January, with a death-rate of 2.9 per cent.

Among the interesting cases treated were the following: Acute croupous pneumonia 4, acute pleurisy 3, acute bronchitis 4, acute articular rheumatism 5, acute muscular rheumatism 3, gonorrhœal rheumatism 1, syphilitic rheumatism 4, mitral insufficiency 16, mitral stenosis 4, aortic insufficiency 11, aortic stenosis 7, acute endocarditis 1, acute enteritis 3, cerebral apoplexy 1, sciatica 3, acute vaginitis 1, erysipelas idiopathic 13, and traumatic 11, malarial intermittent 17, alcoholismus 10, anthrax 1, wounds, contused 15, and abraded 4, fractures, femur 1, ribs 6, sacrum 1, radius 1, and olecranon process of ulna 1, synovitis 1, and frost-bite 6.

THE SOCIETY OF HOMŒOPATHIC PHYSICIANS OF NORTHEASTERN PHILADELPHIA was organized February 9th, 1883, its object being "the advancement of medical science, mutual protection, the promotion of sociability among its members," etc. Active members to consist of "persons who have obtained the degree of Doctor of Medicine from an accredited medical college, and who practice according to the formula, *similia similibus curantur*."

The following officers were elected: Dr. F. O. Gross, President; Dr. J. H. Austin, Vice-President; Dr. T. J. Gramm, Treasurer; Dr. William Peacock, Secretary, and three Censors: Dr. G. E. Gramm, Dr. W. H. Sanderling, and Dr. E. B. Jackson.

The first regular meeting was held, Monday, March 5th, 1883, at 8.30 P.M., at the office of Dr. E. B. Jackson, 1702 N. Eighth Street, to which all homœopathic physicians of this district (north of Girard Avenue and east of Broad Street) were most cordially invited.

There is a large field for society work in this section of the city, there being, according to Dr. Hoppin's register, 133 allopathists, 48 homœop-

athists, 19 eclectic, and 6 practicing under the ten-year law. Of the 48 homœopathists but 13 are members of the County Medical Society.

BUREAU OF MATERIA MEDICA AND PROVINGS. AMERICAN INSTITUTE OF HOMŒOPATHY.—Jabez P. Dake, M.D., Nashville, Tenn., *Chairman*; Conrad Wesselhœft, M.D., Boston, Mass.; Timothy F. Allen, M.D., New York, N. Y.; E. A. Farrington, M.D., Philadelphia, Pa.; A. C. Cowperthwaite, M.D., Iowa City, Iowa; William Owens, M.D., Cincinnati, Ohio; A. W. Woodward, M.D., Chicago, Ill.; Lewis Sherman, M.D., Milwaukee, Wis.; J. W. Hayward, M.D., Liverpool, England; P. Jousset, M.D., Paris, France; Tomasso Cigliano, M.D., Naples, Italy; H. R. Arndt, M.D., Grand Rapids, Mich.

Our special subject for presentation at Niagara Falls, June, 1883, is, "A MODEL FOR MATERIA MEDICA."

Each member of the Bureau is expected to prepare such an exhibit of the two drugs named below, as in his judgment, the present provings and clinical records will allow, and in such form as may best suit the purpose of the homœopathic student and practitioner (the exhibit of each drug not making more than five pages *octavo, brevier type, leaded*).

It is the purpose of the Bureau to arrive at the best method of abbreviating, or condensing into one volume, say, a manual of eight hundred pages, the useful knowledge we have of the leading articles of *Materia Medica*.

Each member is to report his work to the Chairman, Dr. Dake, of Nashville, Tenn., before May, 1883. The reports may be written in English, French, German, or Italian. Drugs to be considered: NUX VOMICA AND KALI BICHROMICUM.

NEW YORK ALLOPATHS AND THE CODE OF ETHICS.—The controversy between the opposing factions of the allopathic school has passed through another stage. Since the "new code" was adopted by the New York State Society in February, 1882, an earnest and bitter struggle for its repeal has been going on, and it is said that more than thirty of the county societies had instructed their delegates to vote in favor of going back to the old code and the warm bosom of the American Medical Association. The climax of this struggle was reached when, on January 29th, the New York County Medical Society discussed the subject in a special meeting. Drs. Roosa, Piffard, and Fordyce Barker spoke in defence of the new code, while Drs. Gerish, Flint, Sr., Dwyer, and others contended for its repeal. The discussion was a heated one, and it appeared that allopathic physicians are capable of saying almost as hard things about each other as about the homœopaths. Dr. Roosa offered a resolution to the effect that the County Society approve the code as adopted by the State Society. Certain amendments and substitutes were first disposed of, and then Dr. Roosa's resolution was adopted by a vote of 147 ayes to 60 noes.

One week later, February 6th, the opposing forces met in general conflict at the regular session of the State Society in Albany. It had been charged by the opponents of the new code, that the adoption of that instrument had been secured by improper methods, and that it was rushed through the society without due consideration. It was also charged that but a handful of members was present, and that the adopting vote was secured by and in the interest of New York city specialists. Every one of these charges, except possibly the latter, has been completely refuted. At any rate it cannot be doubted that at the meeting held last month the friends and the foes of the measure in dispute were well represented and well prepared for the final struggle. The proceedings of the session, as referring to the code, we copy from the Albany *Argus*.

After the transaction of the usual routine business, a communication was received from the Westchester County Society containing a set of resolutions in which the society affirmed its loyalty to the American Medical Associa-

tion, and deprecated the action of the State Society in adopting a code of ethics as revolutionary.

A sharp discussion followed, during which Dr. Roosa moved that the communication be referred to the Committee on By-Laws, in order that the Westchester Society might be reprimanded for its insubordination.

A delegate claimed that the members of the State Society were themselves revolutionary, and asked why secessionists should take to task those who followed their own example.

Dr. Roosa indignantly denied that the State Society were secessionists, and said that any County Society attempting to repudiate the by-laws of the State Society should be called to the bar and reprimanded. He further said, "We don't consider ourselves bound to the American Medical Association, or that we should be dictated to by a sleepy, sluggish organization, still retaining the ideas of the year 1840, when it was organized." Dr. Roosa's remarks were greeted with cheers, and after some further discussion his motion was adopted.

A communication from the Broome County Society expressing surprise and mortification at the unwise proceeding of the State Society in adopting the new code of ethics, was then read; also, one from the Oswego County Society, recommending, in regard to the ethics of consultation, that it be deemed improper to call in for consultation any but regular practicing physicians.

This last communication was greeted with general hilarity, and a motion was made to place it on file. Dr. Mosher suggested satirically, that it be framed. The paper was then filed amid great laughter.

Dr. E. R. Squibb, of New York, offered the following, which was, on motion, made the special order for the evening session:

"WHEREAS, The Special Committee on the Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than of a revision and, therefore, may be more radical than was expected or desired by the constituency of this society; and

"WHEREAS, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance in a direction which may not have been anticipated or desired by the profession at large; therefore, be it

"Resolved, That all the action taken at the annual meeting of 1881, in regard to changing the code of ethics, be repealed."

At the evening session the hall was densely crowded with an eager array of delegates, and an audience comprising nearly every physician in Albany and the vicinity. Dr. Hutchins called the meeting to order, after which Dr. Squibb, of New York, read the preamble and resolutions as given above and presented a detailed explanation of the same. He advocated only the repeal of the new code and a return to the old.

Dr. Elsberg moved that when the committee report they state that the resolutions were not accepted, which motion was, after much debate, declared lost.

Dr. Roosa, of New York, then rose and addressed the chair in an eloquent and dignified appeal in behalf of the new code of ethics. He referred, respectfully, to the arguments of the gentleman who presented the resolutions, and insisted that the effect of their adoption would be to disintegrate the State Society and scatter it to the wind. He denied that the State Society was under any obligation to consult with the American Association before making changes in its by-laws. Nothing but fraternal allegiance existed between the two bodies, and the society had only subscribed to the tenets of the association for a time. All advances in the world are made by revolutions, and these can only be successful when they represent the voice of the people. The speaker decried the system of sending instructed delegates to

the convention, and characterized all such instructions as unjust and invalid in the extreme. He held up to inspection the objections raised to the new code of ethics, and proclaimed it a God-given right to give advice to any human being in distress, be the same a homœopath, a regular, or a Modoc. The question was not one of drugs or drugging, but of man's rights and duties. Dr. Roosa insisted that the society had done a wise and laudable deed in adopting the code as they did, and closed his address amid a burst of applause.

Dr. Piffard, of New York, followed with some spirited remarks, well calculated to present the subject fairly to the members. He also claimed that the code was only a by-law of the society, and, therefore, liable to be outgrown and changed. The action of the various County societies was referred to and strongly arraigned, the speaker holding that "they were amenable to the laws of the society, and not it to their wishes.

Dr. Hopkins, of Erie, then rose and gave an extended history of the State Society, holding that it was formed because the people believed it would be for their benefit to have such an organization. He said the question under debate resolved itself merely into a question of how far the society was capable of self-government. The society, said he, exists by the will of the people, for the good of the people, and not otherwise.

Dr. Didama, of Syracuse, arose and spoke briefly of the old code "under which we have been so long living and prospering." It was adopted as a condition of having representation in the American Association, and the speaker claimed its repeal was not in accordance with the general opinion of the members. He denounced the derisive remarks previously made, and said he was in accord with those who did not want to be cut off from the grand old code.

Dr. Rochester, of Monroe, next addressed the meeting in opposition to the new code, and claimed that no such consultation as therein advised could be had without degradation to himself and colleagues. He was followed by Dr. Gourlay, of New York, who spoke briefly and moved that a vote be cast for the repeal of the new code. A heated debate here ensued, during which the cries of the excited members completely drowned the sound of the chairman's raps to order. When quiet was finally restored considerable time was lost by the offering of amendments and the decision of various points of order. The discussion was then continued by Drs. Vanderpoel, of Albany, Agnew, of New York, and Howe, of Buffalo, the last of whom tried to offer a further resolution in the hope, as he said, of casting oil on the troubled waters. Another scene of disorder instantly arose, after which Dr. Seymour, of Troy, gained the floor, and made a red-hot address in favor of the old code and in defiance of all innovations. The speaker was repeatedly interrupted with cheers from the one side and derisive laughter from the other. He was followed by Dr. Hutchins, of Brooklyn, also in favor of the repeal of the new idea. Further discussion was shut off by a motion by Dr. Vanderpoel that the committee rise and report progress. Dr. Jewett then took the chair, and Dr. Hutchins reported that the committee were ready. Dr. Roosa called for the ayes and nays on Dr. Squibb's resolution. After some sharp parliamentary practice the roll was called, and the resolution declared defeated by a vote of ayes 99, nays 105.

Dr. Roosa then offered the following, which was, on motion of Dr. Wey, of Elmira, laid on the table for one year:

"The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has, up to this time, been the standard of the profession of the State.

"With no idea of lowering, in any manner, the standard of right and honor in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in in-

dividual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare, that the only ethical offences for which they claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman.

Resolved, Also, that we enjoin the County societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code."

This ends the controversy for the present. Doubtless it will be resumed next year.

MARRIED.—STREETER—HUDSON.—On Thursday, February 1st, 1883, in the Second Presbyterian Church, Hot Springs, Ark., by Rev. J. L. McKeehan, George D. Streeter, M.D., of Waco, Texas, and Mrs. Mollie Hudson, daughter of Dr. S. M. Work, of Hot Springs.

From a local newspaper we learn that, at the request of the groom, the word "obey" was omitted in the question propounded to the bride. Evidently Dr. Streeter reads his New Testament more attentively than many people do. May this true Christian marriage be indeed a happy one,—the twain be one flesh.

OBITUARY.

GEORGE W. PEER, M.D.—At the regular annual meeting of the Monroe County (N. Y.) Homœopathic Medical Society, held January 16th, a committee, consisting of Drs. Fowler, Schmitt, and Spencer, reported the following, which was unanimously adopted:

WHEREAS, It has pleased a most wise Providence to remove from our Monroe County Homœopathic Medical Society one of its oldest and most valued members, in the person of Dr. George W. Peer.

Resolved, That we place on record our testimony of his virtues as a true friend and cultured physician.

Resolved, That, while mourning our loss, we are comforted by the thought that God, in his goodness, spared him to us many years, and that, while we extend to his bereaved family our heartfelt sympathies in their great affliction, we would remind them that not only we, as a society, but the whole community has suffered an irreparable loss, and that those who have received the benefits of his professional skill will ever call blessings on his memory.

Resolved, That these resolutions be entered on the books of the society, and that the secretary be instructed to furnish an engrossed copy to the family of the deceased, and copies for publication in the daily papers and leading homœopathic journals.

ASHTON.—Adolphus H. Ashton, M.D., of Philadelphia, died of Bright's disease, on Sunday, February 17th, 1883.

Dr. A. H. Ashton, whose decease we announce, had, for the past quarter of a century or more, occupied a prominent position among his professional brethren in Philadelphia. The esteem and respect in which he was held by his medical neighbors was secured by the force of pure merit as a **MEDICAL GENTLEMAN**. Of a naturally modest and retiring disposition, he but rarely obtruded his opinions upon journals or societies. Yet he gave abundant evidence of his warm interest and self-denying zeal for the welfare of homœopathy, and the progress of every movement designed for its advancement and honor. He became a member of the American Institute of Homœopathy in 1858, and was, therefore, just attaining his *seniority* in that organization. He assisted in the reorganization of the Philadelphia County Society, in 1866, and was its treasurer from that time continuously until his

death. The Homœopathic Medical Society of Pennsylvania also included him in its membership. He was one of the members of the Hahnemann Club of Philadelphia from its organization, and was rarely absent from its meetings. In these little gatherings he laid aside his natural reserve, and took a more active part in the discussions, presenting numerous evidences of his acuteness in observation, and of his care and accuracy in prescribing. Dr. Ashton was also one of the founders of the Children's Homœopathic Hospital of Philadelphia, and was also a member of its Board of Directors and of its medical staff.

In the spring of 1860 Dr. Ashton was elected to the professorship of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. This was at a time when personal differences held sway among the homœopathic physicians of this city, and changes were annually occurring in the College Faculty. It is not a matter of surprise that a man of Dr. Ashton's natural qualities should shrink from active participation in some of the controversies and the quarrels that distinguished this period, and that he withdrew from the Faculty without having delivered a single course of lectures. Subsequently, he was appointed as one of the Curators of Hahnemann Medical College, and held the office until his death.

Dr. Ashton will be long remembered by those who knew personally of his habitual self-denial and generous-hearted devotion to the interests of his patients. He had all the noble characteristics of the good physician, the genial gentleman, and the humble Christian.

At a meeting of the Directors and Managers of the Children's Homœopathic Hospital, of Philadelphia, the following resolutions were adopted :

"WHEREAS, An All-wise Providence has removed from his sphere of action our lamented friend and fellow-worker, Dr. Adolphus H. Ashton ; therefore, be it

"*Resolved*, That the Directors and Managers of this Hospital do hereby put upon record their sense of the loss thus sustained. We shall always miss his valued counsel and cheerful, whole-hearted work in our midst, and it will be our privilege to cherish the memory of one whose candor, patience, humility, and Christian life have won the respect and the admiration of us all.

"*Resolved*, That a copy of these resolutions be sent to Mrs. Ashton, as a tribute of our esteem, and that they be published in the *HAHNEMANNIAN MONTHLY*."

The Homœopathic Medical Society of the County of Philadelphia, at a meeting held February 20th, 1883, adopted the following :

"WHEREAS, Through the dispensation of an all-wise Providence, our esteemed Treasurer, Adolphus H. Ashton, M.D., has been removed from our midst by death, therefore

"*Resolved*, That, remembering his sterling worth as a man, his fidelity as a physician, his uniform courtesy as an officer of this society, and his many acts of charity in behalf of the poor, our hearts are made sad by his removal from the scenes of his earthly labors.

"*Resolved*, That we tender our heartfelt sympathy to the family at the loss of a loving husband and father, trusting that the Great Physician, with whom the spirit of our departed friend is even now enjoying an everlasting reward, will bind up the broken hearts, and solace the stricken spirits with an efficient balm.

"*Resolved*, That the Secretary be and is hereby directed to publish these resolutions with the minutes of the Society, and to transmit a copy of the same to the family of the deceased."

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CANTHARIS VESICATORIA.

BY W. M'GEORGE, M.D., OF WOODBURY, N. J.

(Read before the West Jersey Homœopathic Medical Society, February 21st, 1883.)

FIFTY years ago Cantharis was almost exclusively used in the form of ointment and blisters, of such vile odor that one whiff of it produced a lasting impression, not altogether agreeable for recollection. Surely, in "Middlemarch," George Eliot must have had an old-school experience in mind, when she describes an irritating individual as "like a wrong dose of physic, nasty to take, and sure to disagree." But homœopathically prepared and administered how different the result!

It is my purpose, on this occasion, to show that the "dead fly in the ointment," as mentioned by Lohman, instead of being avoided and shunned, as it too frequently is, even with able practitioners, is an efficient and valuable remedy in more maladies than is generally known. Not seeing the more violent symptoms of *Canth.*, the careful physician hesitates to exhibit it.

Twenty years ago, in reading Biddle's *Materia Medica*, I was much interested in his description of Spanish flies, and how they were collected and prepared for market, and to his caution that as "the powder is liable to adulteration, they should always be purchased whole, and should be powdered as they are wanted for use." To those who use the high potencies almost exclusively, this caution may seem needless, but it is true, we cannot be too particular about the purity of our medicines, whether in tincture, trituration, or potency. Disgusting as is the odor of *Cantharis vesicatoria* in the crude

state, and repulsive as it is in the tincture (although sometimes so used by homœopathic physicians), to the Hahnemannian is reserved the privilege of prescribing this remedy in such a manner that neither by sight, taste, or smell can his patient know what he is receiving.

Many physicians only think of *Cantharis* in severe cases of dysuria, strangury, gonorrhœa, or dysentery, and then expect to find the painful, agonizing urination, or terrible tenesmus, before it can be considered; but such should not be the case. In my own practice now, I rarely wait to find these distressing symptoms before exhibiting it, as in one or two cases I can recall I waited for days because of the absence of these objective symptoms. The finest results are frequently seen in those cases where we fail to see the more urgent objective symptoms of this remedy, or where they are entirely absent.

In studying *Cantharis*, Guernsey's "Keynotes, or Characteristics," in the *HAHNEMANNIAN MONTHLY*, Vol. V., pp. 314-318, will be useful, and superior (because fuller) to the indications given in his "Lectures;" but, for a thorough study, compare the old *Symptomen Codex*, or Allen's *Encyclopædia*.

Guernsey says: "One of the strongest characteristics of *Canth.* is, the patient is uneasy, restless, distressed, dissatisfied." At first glance, this would cause us to think of *Arsen.*, but there is this difference: the *Canth.* patient is frequently better during rest, while lying, and after lying down, while the *Arsen.* patient cannot keep still, must change from one bed to another, or from bed to sofa, from sofa to chair. On the other hand, I have frequently noticed cases calling for *Canth.* where the patient looks careworn and distressed, but gives no other sign of uneasiness or dissatisfaction.

The mental symptoms of *Canth.* are positive and valuable. Let us examine them first. Moaning and lamenting from pain; violent cries, with loss of consciousness, or like barking. *Bell.* has barking cough, as also has *Rumex*, but not barking from rage as in *Canth.* Paroxysms of rage, like frenzy or hydrophobia, with convulsions; the paroxysms are excited by touching the larynx (see *Laches.*); or by making pressure upon the painful parts in the abdomen (see *Bell.*); or by the sight of water, or both (see *Hydrophobinum*). Occasionally, we find great restlessness, particularly when sitting, or lying down, obliging one to move constantly (see *Arsen.* and *Rhus*). In some cases, where there is melancholy and apprehension, especially after dinner, where the patient is inclined to weep, and where *Puls.* does no good, *Canth.* acts nicely and speedily.

If this apprehension is about some event in the future, with fear of death (without the fever or restlessness of *Acon.*), *Canth.* will act beautifully.

Of its use in insanity I have no experience, but Dr. S. H. Talcott, in an interesting paper entitled "Medical Notes on the Treatment of Mental and Nervous Diseases," says: "*Cantharis* very notably fills a niche apparently unoccupied by either *Bell.*, *Hyos.*, or *Veratr. alb.* The *Cantharis* patient has mental exhibitions somewhat similar to *Bell.* and *Hyos.*, *i. e.*, frenzied paroxysms of an exalted type—bites, screams, tears, and howls like a dog. As an invariable accompaniment, there is always great excitement of the sexual organs. In the latter respect *Cantharis* resembles *Hyos.* and *Veratr. alb.*; but these latter drugs commingle the psychical with the physical; the *Hyos.* patient displaying lively fancies in connection with erotic desires, and the *Veratrum* patient uniting religious sentiment with lustful tendencies; but the *Cantharis* case is strictly and solely the victim of lechery for its own sake, a result of intense crethism of the sexual organs, impelling him to seek immediate physical gratification. Such patients are inordinate masturbators, of an acute type. Proper restraint and the administration of *Canth.* often affords prompt and happy relief, both from the sexual excitement and from the paroxysm of mania. Very scanty urine, and frequent micturition, are characteristic of the *Cantharis* patient."—*Transactions Homoeopathic Medical Society, N. Y.*, vol. xv., page 140.

In inflammation of the brain we find the face with an expression of anguish; sometimes, however, with a sullen frown or scowl. The pains are deeply-seated, and in addition to the burning, we find stitching, tearing, or drawing pains. Although the *left* side is affected at times, *Canth.* is a *right-sided* remedy. Wherever there is frequent micturition, attended with burning, cutting pain, or, if not so frequent, but still there is burning and cutting pain, *Canth.* is always the remedy.

In neuralgia, and especially in facial neuralgia, *Canth.* must not be overlooked. In the *New England Medical Gazette*, vol. xiv., pp. 200–203, Dr. A. Claude, of Paris, France, gives an interesting case of trigeminal neuralgia. After describing the history of the case (over one month's duration), he says: "During my examination of Miss —, she suddenly gave a piercing scream, and at the same moment placed her hand quickly on her right cheek. During the attack she remained pale, and the right side of the face was contracted and completely distorted by sudden jerkings of the muscles. At the same

time the pupils were so dilated as to almost entirely cover the iris. The attack lasted some twenty minutes." After studying out the case, and giving his reasons for discarding Aconite, Bell., Bry., and Arsen., he says: "I was just about to decide on Arsen., simply having regard to the character of the suffering, when I recollected the experiments of Gallippe on dogs with *Cantharidin*. Dilatation of the pupils is one of the very first effects of cantharidal poisoning. Besides, Cantharis has the burning pains and the spasmodic cramps. Its action on the rheumatic diathesis is admitted by all, and, like Aconite and Bryonia, it is sufficiently dependent on cold. I therefore prescribed one drop of the third dilution in a great-spoonful of pure water, for a dose, four doses to be taken every twenty-fours." For three days there was no improvement, but the fourth night the improvement began; the fifth day the pain was all gone, and in one year and a half that he kept track of the case, there was no return.

In another case of neuralgia, where "the pain affected the musculo-spiral nerve, coming on in paroxysms, and became insupportable, the patient had become irritable in temper, so as to blaspheme even God himself (though perfectly convinced of the sin); he had become exceedingly sensitive to all impressions. He was also suffering at the time from incarcerated flatulence. *Canth.* 6, a dose or two, removed the pains quickly and permanently."—Dr. Sircar, in *Calcutta Journal of Medicine*, vol. viii., page 117.

In a case of neuralgia in the right hip, in a lady six months pregnant, who had been relieved temporarily by Bryonia, but where the pain would speedily return, and where, eventually, Bryonia had no effect, where *Ledum*, also, was inert, one dose of *Cantharis* 30 relieved the neuralgia very quickly and all the accompanying symptoms. Fearing a return, I had given her another powder, to take in four or five hours, but she subsequently returned and reported that there had been no pain since she took the first powder. Up to this time I have heard of no return of the pain.

In the face, Guernsey says, "erysipelas begins on the nose, and spreads to the cheeks." As nearly all the cases of facial erysipelas begin at the nose, this indication is not so valuable. Raue says, in his *Therapeutic Hints*: "Large blisters, irritable and burning; after *Rhus tox.* had failed, post-erysipetic chronic prickling of the skin." My indications for *Canth.* are: Erysipelas, with skin raised and serum underneath (resembling the blister the fly produces when externally applied);

or erysipelas, following burns, with or without burning pain, or with scalding or stinging sensation. The stinging is not so fine or acute as in *Apis*, neither is the patient so "touchy" as in *Hepar*. The skin in the *Canth.* patient, suffering from erysipelas, burns when touched; under *Hepar* it is *very painful* to the touch. An interesting case of erysipelas in which *Canth.* was administered, is given in *Transactions New York State Homœopathic Medical Society*, vol. ii., p. 243.

In fistulæ dentalus, so frequently met with in the upper incisors, more frequently the central ones, *Canth.* is recommended, especially when the fistula suppurates. I have had no experience with it in this trouble, having overlooked it when having the cases.

In diphtheria I have not used it, and yet a careful study of pathology will show us that *Cantharis* must be the similar in many cases of this loathsome disease. Dr. R. Ludlam, in a footnote in Gross's *Comparative Materia Medica* (comparison of *Canth.* and *Lycopodium*), calls attention "to *Cantharides* in cases where the patient has urinary difficulties, too copious or difficult urination, the urine containing shreds or casts of the uriniferous tubuli; shows extreme prostration, sinking, deathlike turns, particularly if there appears a rash upon the skin, or under (shining through) the epidermis." Dr. Youmans reports to the Hahnemannian Academy of Medicine treating "over seventy cases with this remedy, and did not lose a case. She put two drops of the tincture in water, and ordered them to take a teaspoonful of it every hour, and if the expectoration did not increase to make the dose four drops instead of two in water. Dr. Allen, at the same time, said that he had given *Canth.* in cases of diphtheria where there was great burning in the throat, accompanied with a scraping sensation, so that when expectorating they even brought up blood."—HAHNEMANNIAN MONTHLY, vol. x., p. 213.

Canth. is recommended for gastritis and hepatitis, when there is great burning in the stomach and in the hepatic region. In these trouble, as in others, there is a great similarity to *Arsen.* In gastric, hepatic, or abdominal complaints, aggravation after drinking coffee is a sure indication for *Canth.* The following symptoms express this so clearly that I quote: "*Cutting in the abdomen*, with stitches in the lumbar region; with *boring in the knees*, extorting cries, and accompanied with bitter vomiting after drinking coffee; at night, commencing at five o'clock in the afternoon, obliging one to bend double; relieved in the morning, or by external warmth, and a recumbent posture, or by strong exercise until sweat breaks out."

In renal troubles it is grand. In fact, if Cantharis was good for no other class of cases, its beneficent work in renal colic, nephritis, and all forms of kidney disorders, should alone earn for it a place in our medicine cases. In the *N. E. Medical Gazette*, vol. ix., page 52, Dr. Samuel Swan gives the particulars of a case promptly cured by *Canth.* 44 m., one dose. He says: "Mr. D——, a merchant, came to my office evidently in much distress. He was very pale, and great drops of sweat were coursing down his cheeks; he walked with difficulty, and was unable to speak till he was seated. He was suffering intensely from a pain in the right side of the abdomen, just above the crest of the ilium. He said that a number of years since he had a similar pain in the left side, when, after a long period of suffering, extending over many weeks, he had passed a stone; that the present attack was similar in its nature, but more intense. . . . I gave him one dose of *Canth.* 44 m., Fincke, and leaving him on the lounge, went for his wife and daughter. In twenty minutes after, when I returned, I found him sitting up, free from pain. . . . He has had no return of the difficulty, and has taken no more medicine. This is the third case of a similar character that has been rapidly relieved by *Canth.* high, after low potencies have been given with no effect."

A very interesting case of acute nephritis, where the patient had been acutely suffering two weeks, and could only lie upon her back. She had been attended all this time by a homœopath with whom I was not acquainted, who had dieted his patient almost to the point of starvation, but he failed to relieve her even. I prescribed *Canth.* 200, and any diet she relished; the next morning she was sitting up, dressed, and on the second day was about the house *well*.—E. H. Spooner, M.D., in *Journal of Homœopathic Clinics*, vol. iv., page 107.

Another case, where one powder of *Canth.* 200 cured a case of urinary difficulty of two years' standing, may be found in the same journal, on page 91 of the same volume. This latter case may also be found in *Transactions* of N. Y. State Homœopathic Medical Society, vol. ix., page 285.

"Cantharidin in rabbits has caused granular exudation, filling the tubuli uriniferi, and proliferation of cellules, hence a true catarrhal nephritis." Trousseau, in his *Treatise on Therapeutics*, vol. i., page 263, insists that the cantharidal inflammation is essentially membranous. Dr. R. Ludlam confirms this observation.

In dysentery, where we find "white, or pale reddish mucous

stools, like scrapings of the intestines," we need seek no further, for Cantharis will effect a certain and speedy cure. This keynote of Dr. James B. Bell is found in his valuable monograph on "Diarrhœa." Evacuations, consisting of blood, or bloody mucus, with colic, urging, and pinching *before stools*, with colic, pain in the anus and intestinal canal, pressing outward, extorting cries, with cutting or burning in the anus, *during stool*, and tenesmus *after stool*, or alleviation of the colic in other cases, point also to Canth. Where there is dysentery and dysuria combined, Canth. should first be thought of. The first symptom under this heading is the best known, and no doubt every one in this room has frequently verified it.

In the HAHNEMANNIAN MONTHLY, vol. vi., page 400, in a paper read before the Central Maine Association, Dr. R. L. Brigham records a case of dysentery of one week's standing under allopathic cases, relieved by *Arsen.*, but cured in twenty-four hours by two powders of *Canth.*, the first being 200th, the second, taken twelve hours later, being the 40,000th potency.

In the Transactions N. Y. State Homœopathic Medical Society, vol. v., pages 263-266, Dr. William Wright gives the particulars of an interesting case of hæmaturia, cured by *Nux* 30 and *Canth.* 30, after the same remedies in low potencies had failed, although "both were perseveringly followed until I became satisfied that I could get no benefit from them." This case will well repay a full perusal. In cystitis Raue and Lilienthal each give valuable indications for its use.

In dysuria, Dr. O. H. Naun cites a case: "Burning on urinating, worse afterwards; of two months' standing. Had taken *Canth.* and *Apis*, in low dilution, every hour for about two weeks. *Canth.* 200 once in six hours entirely relieved in three days."—*Medical Investigator*, vol. viii., page 8. Dr. E. W. Berridge cured with one dose of *Canth.* 100th, "Scalding in urethra near root of penis when beginning to urinate."

In strangury its use is so well known by all that I need not dwell on it in this trouble. But because I pay very little attention in my paper is no reason why we should neglect its consideration in this agonizing trouble. In a new-born child, two days old, with complete suppression of urine after first day, attended with almost constant crying, and discharge of bloody mucus, later, of clear red blood in small clots, *Canth.* relieved in four hours, and entirely removed in twenty-four hours. No other medicine was necessary.

In prostatitis it is highly commended by some. Dr. John

Hornby, in a paper read before the Dutchess County Homœopathic Medical Society, gives a case of a farmer, æt. 56 years, who was laboring under prostatitis. "On examination externally, the prostate presented the size of half a hen's egg; felt hard, and gave pain on pressure. Internally, it felt the same, and pressed upward against the bladder. The patient has difficult urination, with constant and irrepressible desire to void it, which came away in small quantities. He was emaciated and exhausted, slept little, and ate less. I gave him *Thuya occid.* θ , one drop in eight ounces of clear rain-water, one teaspoonful every six hours, and *Canth.* 12th, three globules every night, and in one week he was restored, and up to the present time has had no return of the disease."—*Transactions N. Y. State Homœopathic Medical Society*, vol. ii., page 123. This is an interesting case, but leaves us in doubt as to whether the *Thuya* or *Canth.* cured the man.

In gonorrhœa *Canth.* is an important remedy, but not so important or useful, in my judgment, as *Cannabis*. And yet there are many cases where we must question closely before we decide which remedy to give. I am guided by the following conditions in prescribing *Cantharis*: Where the discharge is *yellow* or *bloody*. *Agnus castus*, *Copaiva*, *Capsicum*, *Merc. viv.*, and *Petros.* also have *yellow* discharge, and *Capsicum*, *Merc. viv.*, *Nitric acid*, *Pulsa.*, and *Thuya* have *bloody* discharge. When there is burning or scalding before, while, and after urinating. No other remedy has all these three conditions. *Cannabis*, *Capsicum*, and *Thuya* have burning during and after; *Copaiva* and *Merc. sol.* have burning before; while *Merc. viv.*, *Nitric acid*, *Petros.*, *Puls.*, and *Sulph.*, also have burning while urinating. When there is cutting in urethra after urinating, *Canth.* and *Merc. sol.*, and *Sulph.* also. When there is biting or itching while urinating, *Canth.* and *Nitric acid* and *Thuya*, also. When there is sudden and urgent desire to urinate, *Canth.* and *Merc. viv.* In chordee, *Canth.* and *Cannabis*, *Merc. sol.*, *Nitric acid*, and *Pulsatilla*. There are many cases, however, where *Cannabis* will cure all the other symptoms except this, and *Cantharis* will be required to complete the cure.

As already alluded to, in Dr. Talcott's *Notes on Insanity*, *Canth.* must not be overlooked in these cases, nor in cases of excessive sexual desire, with erections in males, where the parties are not insane enough to confine, and in erotism in females, with itching and burning of the pudendum.

In "membranous dysmenorrhœa, from repelled eruptions,"

Dr. Ludlam says that "if the eruption is or was herpetic, give Canth.; if erysipelatous, give Canth.," to cure the case.—*Transactions World's Homœopathic Congress*, 1876, vol. i., page 975.

In leucorrhœa, when the flow is bloody, worse after micturition, and burning and scalding in character, think of Cantharis.

In childbed when the flowing is profuse on the second or third day, if accompanied with burning and smarting in vagina or urethra, Canth. will act like a charm.—Lippe, *Lectures*, 1866.

In an article on "Homœopathic Therapeutics in Gunshot Wounds, and the Sequelæ of Operations," Dr. E. C. Franklin says: "Canth. may be employed against the invasion of erysipelas, which will be indicated by chills, etc., . . . the margins of the wound becoming slightly swollen, and of a reddish tinge."—*Transactions World's Homœopathic Convention*, 1876, vol. i., page 796.

In the *N. E. Medical Gazette*, vol. ix., page 97, Dr. W. P. Wesselhoeft, one of the editors, in an article on "Sequelæ of Burns," says: "The beneficial effect of Cantharides in recent burns has frequently been mentioned, and I am satisfied that I have seen at least one life saved from its immediate use after an extensive burn, where the attending physician had given up all hopes of a recovery. A case in my experience has lately led me to believe that it has a deeper influence than merely to antidote certain recent effects of a burn, and may often be strongly indicated in disease following burns long since healed, but the shock to the constitution not entirely overcome." Then follows the report of a case of scarlet fever, complicated by the fact that the patient had never entirely recovered from a severe scalding he had received a year before, and from which his life was despaired of. "Canth. 200, in water, was given every three hours. . . . The result was far beyond my most sanguine expectations, for, on the following day I found my patient not only warm over the entire surface of the body, but heard that he had passed a much more quiet night, and had drunk two glasses of milk on awaking in the morning, without return of the fluid through the nose. The pulse 105, and much fuller. No appearance of eruption, but the urine which had been clear throughout the sickness, was now as thick as if Indian meal had been stirred in it, and of a very strong odor. The recovery was rapid; indeed, there was no stage which could be called convalescence." The whole

case will well repay perusal. In *Journal of Homœopathic Clinical Cases*, vol. iii., page 51, Dr. C. Hering gives a very interesting case of scalding cured by Canth. In the same journal, vol. iv., page 20, Dr. C. Wesselhoeft gives a case where Cantharides *o*, promptly cured a case of burning of the hand. The medicine in this case was taken internally, and applied externally at the same time.

In a short article on Canth. in the *Transactions* N. Y. State Homœopathic Medical Society, vol. xiv., page 92, Dr. J. Nottingham says: "For scald and burns I consider it the most valuable remedy in the materia medica, and from experience can testify to its almost magical influence in the few cases that have come under my care. Little children just large enough to run about and get into all sorts of mischief, will oftentimes pull over upon themselves a dish of hot water; a large blister rises; the mother dresses it with oil, but the child screams terribly; now, give it a dose of Canth. and it will soon be asleep. Such has been my experience."

In skin diseases, where the skin is raised in blotches, with serum under it (resembling the blister Spanish fly produces), in eczema (burning when touched), we should not forget it. In many cases of skin disease, where *Arsen.* is prescribed, on account of the burning, *Canth.* should be administered. If we remember that in all these cases, when comparing *Arsen.* and *Canth.*, that the Canth. eruption always burns worse when touched, it will help us to decide. Pimples on head, face, neck, burning when touched. Professor A. R. Morgan, in his lectures, recommended it in eczema when there was burning and itching, and when touched, there is burning and smarting.

An interesting case of poisoning by Cantharis related by Dr. J. M. Schley, in a paper read before the New York Homœopathic Medical Society, gives a very good pen-picture of many patients whom Canth. will relieve. It seems that a Mr. J——, æt. 20, a strong, healthy man, had taken about "two drachms of a preparation of Canth., made up to be used as a fly-blister, to see if it would have any effect upon him, more especially upon his genito-urinary system." . . . Dysuria, hæmaturia, and the entire absence of all sexual desire, were the principal symptoms noted, and the examination of urine showed: "Amount passed this morning was four ounces; its color, when held up to the light, was a reddish brown, showing the presence of a small amount of blood; neutral on test, on adding nitric acid, also, when heated, albumen was precipitated in abundance, amounting, perhaps, to one-fourteenth

per cent. (?) The presence of albumen was found to be caused by the large quantity of blood in the urine. Under the microscope a very large number of blood-corpuscles, occasionally pus-corpuscles, epithelia of bladder, and spheroidal cells from the tubuli uriniferi and pelvis of kidney were to be found. The epithelia from bladder were more numerous than those from the kidney. There was some mucus, with which the blood-corpuscles seemed to be intimately mixed. There were no crystals, no casts. The deposit at the bottom of the vessel, after standing some little time, was considerable." Two days later, on another examination: "Reaction alkaline. Albumen present, but in less quantity. Under the microscope there was a diminution of blood-corpuscles and epithelia from bladder. The cells from pelvis and kidney had diminished some in number, still they showed that the effects of the poisonous dose had not been entirely exhausted."—HAHNEMANNIAN MONTHLY, vol. xiii., pp. 641-647.

In a case of poisoning by Canth., when some French soldiers mistook some tincture of Cantharis for brandy, albuminuria resulted in many cases, although all eventually recovered. In the *Transactions of the American Institute of Homoeopathy*, Twenty-eighth Session, page 300, Dr. W. H. Holcombe gives some indications for its use in Bright's Disease, but there are no new symptoms given. Dr. Grillon is said to have cured cases of *diabetes insipidus* with Canth., but I have not found any cases reported.

Much more might be said about the uses of Cantharis, but sufficient has been referred to to stimulate us to more study of the remedy, in fact, of all our remedies. With the following case I will close my paper. As illustrating the wonderful curative power of Cantharis, it is appropriate here.

On Sunday, November 5th, was called to see Mamie L., æt. 8½ years, who was suffering with fever, sore throat, pain in chest and limbs. I gave her *Bell.* 30, and, two days later, *Bryonia*. She improved, and, on the 14th, for gastric disturbances, I gave *Nux* 30. Later she received *Arsen.*, *Verat.*, *Lyc.*, *Gels.*, up to the 25th, when, as she seemed to be convalescing, I left her for two days. On the 27th, I noticed a baggy appearance of the eyebrows. She complained of some pain in back, her urine was scanty, and she seemed bloated. She also had stitching pains at times. Gave *Kali carb.* 30 in water every hour. Next day, she seemed so feverish, I gave her an occasional intercurrent dose of *Aconite*. On the 30th, not noticing improvement, and as she complained of burning in the

body, was so restless, and was more dropsical, especially in her feet, I gave Arsen. 30. Some of her urine, which was taken for examination, after standing, appeared dark and turbid; color, dark, with black spots; odor, less urinous than normal; reaction, acid; specific gravity, 1015. After standing 12 hours, urine looks redder than before, and sediment looks like reddish mucus. In conical glass, it looks like red coloring matter and mucus. On boiling, urine becomes flaky, and when boiled, presents a whitish appearance, with a whitish, albuminous deposit on side of test tube. After standing 12 hours, this specimen shows a dirty-white sediment, $\frac{1}{4}$ th in amount; the supernatant urine being clear, except a few specks at the top. Another specimen, boiled after adding Nitric acid, presents the same appearance, except there is a little more albumen. As soon as the acid was added, three-fourths of the urine became whitish, while the other one-fourth, or supernatant urine, remained clear. After standing 12 hours, the sediment is about one-third the quantity of urine. Microscopically examined, one drop from bottom of conical glass reveals about fifty blood-corpuscles, pale in appearance, but having a red nucleus in centre. An occasional tubule is seen, and some urea. Some of the tubules are empty; occasionally, one is bright red.

No change for the better occurring, next day I gave her Bell., and afterward Laches., Acon., Terebinthina, Apis, Lyc., and Bryonia, but, in spite of all of them, my patient, with the exception of an occasional slight improvement, grew worse. Her body was dropsical in all its parts, abdomen enormously distended, worse, if anything around the kidneys; lungs pressed upwards; great difficulty of breathing; urine, normal as to quantity, but a bloody sediment at bottom of vessel. On December 2d, I gave Cantharis, but unfortunately gave her some Aconite with it, and no good apparently resulted. Then I gave her Terebinthina 30 for three days, with a slight improvement one day, and a retrograde afterward. A dozen times I read over Raue on *Acute Parenchymatous Nephritis*, and every time I would come to Cantharis, I would see the importance he attached to this remedy, but I could not see Cantharis clearly in my case, because her symptoms, although alarming, were not violent enough. Her micturition was not painful. She passed too much at a time, as I thought, for Canth. She did not complain of the pain in urinating, only of her mother hurting her when she lifted her on the vessel. She seemed too passive and amiable, and her countenance did not look to me like a Canth. patient. Still there was some

blood in her urine, microscopical examination showed cylindrical casts, epithelial cells, and blood-corpuseles.

After studying out her case, and comparing her symptoms in my mind, I finally, at 10 A.M., concluded to give her *Canth.*, and, taking out my little bottle of *Cantharis* 200, gave her a dose dry on the tongue, and, mixing another powder in some water, I ordered her a dose every hour. At 6 P.M., when I saw her again, her eyes seemed brighter, and she complained a little less when moved. Continued the medicine through the night, a dose every two hours. Next morning, I could scarcely believe my eyes, nor conceal my gratification, so great a change for the better did I observe. The next day, the cheerful look and happy face of her mother told me my patient was better before I saw the child. The urine had increased in quantity, less blood was passed, and from that time on she rapidly convalesced, all the symptoms disappearing in the reverse order of their appearance, and on Christmas day my little patient was able to enjoy playing with what a fond mother and friends had prepared for her. For prudential reasons, I still watched the case, but, with the exception of an occasional dose of Sulphur at night, she received no other medicine than *Cantharis*, and to-day she is entirely well.

DISCUSSION.

DR. J. G. STREETS, in opening the discussion on "The Uses of *Cantharis*," said he did not think a case of nephritis could physically get well in twenty-four hours from one dose of *Cantharis* high. On being asked whether if the case had been reported as cured by *Canth. low*, he would have received it, he replied *no*. He believes *Cantharis* is too little used in exanthematic diseases. It is a good remedy in erysipelas and scarlatina, has also used it in dysentery, in which it is a fair remedy, but has had best success with *Merc. corr.*, especially if the stools are bloody. He thinks the objective symptoms of a remedy furnish as reliable indications as the subjective ones.

DR. HOWARD called attention to the similarity of the indications for the use of *Cantharis*, as now employed by the two schools of medicine. He cited Bartholow as evidence.

DR. WARD spoke of a case, where the patient had had nocturnal emissions, one or two each night, for three years, with gradual loss of mental powers. *Cantharis* helped the case decidedly. He also mentioned the case of an old-school physician, who had contracted an obstinate asthma by triturating Spanish Fly some years before.

DR. ISZARD spoke of two cases, where there was great inflammation of the bladder, with intense burning of the urethra, relieved by Cantharis 2°.

DR. VANDEVEER reported, last summer, while at Cape May, he was taken with pain in, and looseness of, the bowels; burning before, during, and after urinating. Cantharis 200 cured. He also mentioned a lady, æt. 60, of anæmic appearance, who had erysipelas of the left elbow and right leg, with burning, restlessness, etc. Arsen. gave no result. The vesicles spread out, as though the surface was scalded. Canth. was given, with remarkably good effect.

DR. QUINT has used Cantharis internally and externally in Vaseline for burns, scalds, and frostbite, with good results.

DR. MCGEORGE, in answering Dr. Streets's assertion, says, he believes Cantharis *will cure quickly*. Cantharis is indicated in dysentery, if there are "skinny" shreds in the stools. There is also a useful field for Cantharis in skin diseases.

DR. TULLER cited a case of strangury, with inability to urinate (the catheter had been used nearly every day); burning, and cutting pain, whenever the patient tried to urinate. The drug cured it quickly. He also mentioned a case of dysentery, with scraped, skinny stools, and tenesmus, which it promptly cured.

RECURRING CONVULSIONS FROM CONTRACTED KIDNEY, SIMULATING BRAIN TUMOR.

BY CLARENCE EARTLETT, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

MRS. A. H——, æt. 55. On October 24th, 1881, was taken with a very severe headache, and absence of mind. In the evening she became dizzy and lay down. Shortly afterward she was seized with a convulsion, during which she was unconscious. The convulsive movements lasted but a few moments. She could not say whether or not they affected both sides of the body alike. She lay unconscious for thirty-six hours, when she revived. She staid in bed, resting and sleeping, for forty-eight hours longer. Gradually her memory began to fail. On January 7th, 1882, while standing by the supper-table, a "black flash" came before the eyes, and she became dizzy, but before she could reach the lounge she fell insensible on the floor, and had her second convulsion, during which she made jerking movements of both upper and lower extremities, bit her tongue and cheek, and frothed at the mouth.

During the interval between the first and second convulsion she complained of pain of a throbbing character in the head, a little above and posterior to the temporal region on the *left side*. From this pain she was but rarely free. It was much aggravated after midnight, driving away sleep until daylight. She was much annoyed by black spots floating before the eyes. Early in March, 1882, she came under my care, when the above history was elicited. A further examination revealed that her pupils were much contracted, and failed to respond to light. A mydriatic (Homatropin gr. viii- $\frac{5}{j}$) was instilled in the left eye for ophthalmoscopic examination. The optic disk was swollen, its edge was invisible, and the vessels were obscured in places. Scattered over the fundus were a few hæmorrhagic spots. A small group of white spots was to be seen in the upper and outer portion of the field. An examination of the right eye without a mydriatic showed that it was in a condition similar to that of the left, with the exception that no white specks were visible on the fundus. The urine was normal in quantity. Its specific gravity varied from 1005 to 1010. It contained generally but a trace of albumen, although at one examination by the heat and nitric acid test it amounted to about one-fifth. An examination under the microscope revealed the presence of oxalate of lime crystals, but no tube casts, besides some amorphous matter. The pains in the head increased in severity. Towards the latter part of April the urine began to diminish in quantity, and on the 25th of April she had her third convulsion. Inquiry now revealed the fact that *each of the other convulsions had been preceded by a diminution in the daily amount of urine excreted*. Aching now began in the eye-balls, especially in the left, and was very persistent. A very careful examination of the surface-temperatures of different portions of the head revealed that the temperatures taken at points over the left parietal bone were about half a degree higher than corresponding points on the right side. No variation was observed in the temperatures taken over the occipital bone. The surface over which the increased temperature was observed corresponded with the area of pain.

In the latter part of May she was given iodide of potash, which was followed by suppression of urine, and marked increase of headache, so the remedy was stopped. In the early part of June she suffered from an acute gastric difficulty which lasted but a short time. In the middle of August the headache became more and more severe, lasting day and night, the quantity of urine grew less and less, when, on the 27th of August, she was seized with another convulsion. An old-

school physician, residing in the neighborhood, was called in in my absence, from whom I learned that the convulsion was confined to the right side of the head and body. At one time the pulse was going at the rate of 180 per minute. The convulsion, he said, lasted about three hours. I found the patient in a stupor, cheeks flapping with each respiration. The whole body was bathed in a profuse perspiration. The head was hot. When she regained consciousness, forty-eight hours later, she had lost the power of speech, and the right leg and arm were paralyzed. The movements of the tongue were perfect. She seemed to understand perfectly what was said to her, and was able to make herself understood by signs. A few days later, I held up my watch, asking her what it was, to which she gave an unintelligible answer. On my telling her that it was a watch, she repeated the word after me. Three days later, she began to make use of a few words, such as "yes," or "no." Gradually, speech returned to her, the paralysis of the arm and leg disappeared, and she was making preparations to go out when, on the morning of October 13th, she was taken with her last convulsion, which lasted until death, twenty-four hours later. Careful inquiry revealed no syphilitic history. She had always been in good health until the climacteric period, when she suffered from the symptoms common at that time of life. She, and two of her sisters, had gouty concretions in the joints of the fingers. From the time of the convulsion in August to the day of her death she had no headache whatever. The remedies employed during the progress of the case were *Nux vomica*, *Belladonna*, *Opium*, and *Phosphorus*.

Post-mortem Examination—Made by Dr. Weaver and myself. The membranes of the brain presented a normal appearance to the naked eye, as did also the brain substance. Numerous sections were made, but nothing abnormal was found in the brain itself, but the arteries generally were markedly atheromatous. The left kidney was about one-half the size of its fellow. Portions of the left corpus striatum, left optic thalamus, left island of Reil, and the base of the left third frontal convolution, and the left kidney were removed, and sent to Dr. Goodno for examination. His report has not yet been received.

AN UNUSUAL EFFECT OF IRON.

BY EDWIN VAN DEUSEN, M.D., PHILADELPHIA, PA.

IF we, homœopaths, adhere to the exclusive administration of attenuated medicines, we do not often have an opportunity

of observing marked idiosyncrasies in drug susceptibility, but occasionally some of us, not as well posted in our *Materia Medica* as the necessities of the case demand, make use of crude drugs. One of us gave Iron to an anæmic girl, aged fifteen years. The preparation was the Tincture of the Chloride.

The girl had had hæmorrhages from the uterus and from the nose which were very difficult to control. The hæmorrhages had ceased, but she did not improve in health. Her stomach was weak and irritable. Her appetite was gone, and she did not seem to be capable of being nourished. She was given Iron, and the result was most astonishing and alarming.

The first day she took five (5) drops three times. The second day she took seven (7) drops three times. At about 9 o'clock in the evening the doctor was called, and the messenger said the girl was dying. She did not die, but she was, to say the least, in a very unpleasant condition. She was suffering from very severe sharp pains in the heart and from a smothering sensation, though there was no actual dyspnœa. The heart seemed about to fail, and the pain was excruciating and came in short paroxysms. The pulse was 120, weak and irregular in its rhythm. The face was very pale, and the lips were of precisely the same shade.

Spigelia was given, and in two hours she was comfortable. The paroxysm came on gradually and, after reaching its acme, as gradually subsided.

The following day she had fifteen drops of the Iron in three doses, and during the day she had a few very short paroxysms of sharp pain in the heart. In the evening between 10 and 11 o'clock, she had another severe attack, which lasted more than three hours. It was a somewhat prolonged duplicate of the previous night's experience. The next day she took no Iron, and she had no paroxysm of sufficient severity to require the presence of the doctor. On the fifth day no Iron and no pain or smothering. On the sixth day she again took fifteen drops in three doses, and in the evening the unwelcome smothering returned in full force. That settled the matter. Iron was proscribed, and the smothering sensation has not since returned. It may be well to remark that she had had *Ferrum acet.*³ and *Ferrum phos.*³ at different times without deriving any apparent benefit therefrom.

Some weeks after the Iron was stopped, she had an attack of bleeding from the right nostril, and her mother blew into the nostril some powdered persulphate (?) of Iron. The bleeding stopped, and the cessation of the hæmorrhage was followed

by a pain extending from the right nostril to the right occipital protuberance, and by a very considerable swelling of the right eyelid and of the right half of the upper lip.

The pain was described as being constant and severe, and seemed to pass from before backward. It lasted about four hours. It came suddenly a few minutes after the application and went gradually.

The swelling of the eyelid was peculiar. The lower lid was swollen so that it seemed to stand away from the eye, and the edge was everted. The upper lid was very slightly swollen, but it was more annoying because it "felt heavy." The patient was nervous, and anxious, and fearful that "something dreadful was going to happen to her eye."

The swelling of the upper lip added very little to her annoyance, although it was by far the most noticeable feature. The skin and mucous membrane were tense, and the shape of the lip was completely changed. It looked like the effect of a bee-sting, except that it was not very red. Both these latter affections came on within a few minutes after the local application, and they lasted fully twelve hours, reaching their acme in about an hour, and then gradually subsiding, the swelling going down, and the ptosis giving way to the natural control.

These appear to be unusual effects of Iron, and whether they are to be accounted for on the ground of its usually accepted action, or not, is perhaps an open question.

The heart symptoms were probably the effects of over-stimulation. The already much weakened organ when stimulated to greater exertion, acted in a fluttering, hasty, jerky, irregular, weak manner, accomplishing much less than when allowed to go on in its slower but more regular course. The rapidity might be accounted for by a tendency to paralysis of the inhibitory nerves or centre, but I am not aware of either effect having been heretofore ascribed to Iron. The smothering must have been secondary to the action upon the circulation and not due to any direct perturbation of the respiratory function.

To my mind the most plausible explanation of the swelling of the eyelid and of the lip is, that it was a direct and local effect, and not caused by the absorption of the Iron. Some of the Iron probably passed into the bloodvessels and by its direct action, instead of causing a constringing of the vessels, it caused, on account of the unusual susceptibility of the patient, its extreme effect, that of relaxation. It is not more difficult to understand why the lower eyelid and the lip should have been

selected as the site of the œdematous infiltration, than it is to understand why dropsy due to renal disease is first evinced about the lower lid, and why the sting of an insect upon the lip is attended with greater swelling than in any other part of the face. These are the positions in which such infiltrations are most readily permitted. As the effect of the Iron wore off, the liquor sanguinis was gradually reabsorbed. There was no redness of the right side of the face, and but the faintest tint in the swellings.

The ptosis I will not attempt to explain. In the provings of Ferrum a sense of weight in the eyelids is recorded, but no such symptoms developed in this case during the internal administration of the chloride. Unless the chloride and the sulphate are very different in their eye effects, this manifestation must be considered as purely local in its origin, and the fact that the ptosis and the swellings were simultaneous in their appearance, course, and disappearance, adds weight to this view.

For the pain extending through the head from the right nostril to the right occipital protuberance, no explanation suggests itself to me. To call it reflex is but an excuse for having no explanation to offer; but, not being a "rational," I consider it to be just as important without an explanation as with one. A place to put it would, perhaps, improve its appearance and insure its safety, and for this very reason it deserves especial care and attention. It has a proper place which some day may be discovered, and then if the fact is forgotten, there will be a vacant chair, instead of an unaccommodated guest.

The millennium for doctors and patients will have come when all the facts in the pathological action of disease and in the physiological action of drugs are placed in their proper positions and in their proper order. Then everything will be displayed in its entirety and perfection, and not bodyless or memberless as is now usually the case. Every fact recorded and remembered is a step in advance, and every step in advance brings the millennium nearer.

BORACIC ACID IN SUPPURATIVE OTITIS.

BY HENRY C. HOUGHTON, M.D., NEW YORK.

IN the December number, I find an article by Dr. Bartlett, which I took pleasure in perusing. I would say that his ex-

perience corresponds with mine in the use of Boracic acid, although my method of applying the same differs somewhat from his. I adopted the so-called "dry" method of treatment in suppurative disease many years ago, and I am satisfied of its superiority over the "thralldom of the syringe." I prohibit the use of the syringe in the hands of the laity, in the treatment of cases of suppurative disease, especially of the middle ear with perforations of the tympanum. I use the syringe in a way that is peculiar to my own practice. I have a hard rubber ear syringe fitted with a tip, upon which I can adjust the ordinary hard rubber Eustachian catheter. With this instrument the hand can be turned to one side, while the meatus, either with or without the speculum, can be well illuminated, and the stream forced to every part explored. I use a solution of alcohol in warm water, strong enough to leave in the ear a sensation of decided warmth after the fluid has been allowed to run out into a suitable receptacle, such as a finger-bowl.

I then proceed to dry every part of the exposed tissues with absorbent cotton, using a delicate flexible cotton-holder, and drying all the parts that can be thus reached. I then use a 75 per cent. trituration of Boracic acid, prepared by Messrs. Boericke & Tafel, by their method of trituration with sugar of milk. I have found this superior to talc, or other combinations. Instead of packing the ear, as suggested by Dr. Bartlett, I have found a powder-blower, or insufflator, which was constructed for me by Messrs. Rynders & Co., of New York, much better. It consists of a hard rubber tube fenestrated, with a sliding tube outside, also fenestrated, so that turning on its short diameter, the two fenestræ are approximated, and the tube can readily be filled with the trituration. Turning the outer tube on the inner one by a simple motion of the fingers, closes the tube. The tube is attached directly to a vulcanized bulb with a valve at its base, and while held in the hand forcible closure expels the air through the tube, carrying with it the trituration. By this device the trituration is forced into every part of the diseased tract more thoroughly than by simple blowing or packing through the speculum.

Whatever may be the theory which underlies the action of the drug as regards micro-organisms, I am satisfied by daily use since its introduction, that it is superior to any antiseptic agent which I have as yet employed, and I have yet to see a case of suppression or metastasis. If this agent be used without the internal administration of the indicated remedy,

its action is not so satisfactory, nor so prompt as it is when combined with the indicated homœopathic remedy.

Acting upon the principle of some European aurists who advised the use of alcohol in suppurative diseases, I have found the Boracic acid superior to the Bichromate of potash in the treatment of granulations, or granulation tumors. In cases of polypus, where it is advisable to avoid the use of the snare or direct operative procedures, I prepare a saturated solution of Boracic acid in water. To this I add an equal quantity of C. P. Alcohol, and direct the person having charge of the patient, to instil a few drops in the ear morning and night, closing the meatus with a pledget of cotton. This has the effect of checking the development of the growth, and in a short time it becomes so disorganized as to make the removal with ordinary forceps an easy matter.

I am satisfied that by a comparison of long-standing cases, treated with and without the cleansing with alcohol before using the trituration, that the alcohol facilitates the cure.

TRACHEOTOMY FOR THE RELIEF OF PHARYNGO-LARYNGEAL DIPHTHERIA.

BY HORACE F. IVINS, M.D.

(Read before the Philadelphia Medical Society.)

ON January 3, 1883, I was requested to perform tracheotomy upon a little patient of Dr. G. I. McLeod's, æt. five years, who was suffering from pharyngo-laryngeal diphtheria, with the following history in brief: Slight amount of membrane in pharynx for past three days. About twenty-four hours previous to my seeing the patient symptoms of laryngeal involvement had suddenly developed. At date of operation respiration was difficult, voice almost gone, cough stridulous, expression anxious. The child was still well nourished and quite strong, but had marked fever, and was very restless.

Dr. McLeod, with the concurrence of Dr. W. A. Reed, had been giving Kali bichromicum internally. Stimulants and nourishment were frequently administered.

After ætherization a tracheotomy above the isthmus was done. Very little blood was lost. By the time the trachea was opened the bleeding had about ceased, and not more than two or three drops passed through the tracheal incision.

The cough, which followed the entrance of air, brought forward but a little mucus, slightly tinged with blood. No membrane was found in the trachea at the point of operation.

A moderate-sized hard-rubber canula was used, the presence of which caused almost no irritation, and the child breathed freely with the inner tube in position. When the extremities of the wound were stitched a considerable quantity of blood oozed from the needle punctures, and flowed along the tape which held the canula in position.

The external canular opening was protected by a piece of gauze wet in a solution of baking soda.

Owing to the good general condition of the patient much more ether was necessary than in the majority of such cases; hence she did not rally or recover so quickly, as the blood became oxygenated, although the breathing became immediately free. Brandy was given by the mouth, when the pulse and respiration speedily improved.

The child had but little annoyance through the night, resting quite comfortably. Stimulants were given at intervals, and the *Kali bi.* continued. The tube became somewhat obstructed by dried, bloody mucus, a few times; but the removal of the inner tube gave instantaneous relief; and after a few minutes the inner tube, being thoroughly cleaned, was replaced.

January 4. At 8 A.M. (about eight hours after the operation) nourishment was commenced. This was taken every hour,—giving at times milk, at others beef-extract,—stimulants were continued. Steam sprays were kept going constantly, and lime was slaked in the room from time to time. The spray was usually unmedicated, but occasionally a weak solution of Carbolic acid was employed. The temperature of the room was kept from 72° to 76° F. Rested well all day; slightly febrile reaction in evening. Urine voided three times in the twenty-four hours. Aconite was now given internally.

January 5. Symptoms about the same as the day preceding. A severe paroxysm of cough occurred, at which time the inner tube was removed, followed immediately by three pieces of membrane,—two small ones, and one about one and a half inches long, with a width equal to about one-third the circumference of the trachea. The glands, which had not been previously enlarged, now became much swelled at the angles of the jaws, and cellulitis quickly developed at the supra-sternal notch; but the wound had by this time united perfectly, the stitches being removed early the next morning. As the febrile symptoms had subsided much the Aconite was discontinued, and *Hepar s. c.* was substituted, with the hope of controlling pus-formation. Flaxseed poultices were applied to the involved portions.

January 6. Glandular involvement and cellulitis slightly more marked; passed the night quite comfortably; pulse quicker and less voluminous; respiration good; strength less; nourishment not taken so well; temperature 102° F. in the axilla; restless; no pain; lungs normal.

The canula was removed and the tubes cleaned. The child breathed fairly well at first, but at the end of four minutes it became necessary to introduce the tubes immediately, after which the breathing became free again.

No membrane could be detected in the trachea by reflected light, and but a slight amount of healthy pus bathed the walls of the sinus. At 5.30 P.M. temperature 103° F.; otherwise about the same as in the morning. 10 P.M. pulse very quick and feeble. At midnight she had a sinking spell. The radial pulse was only at times perceptible; respiration was weak and irregular, but unobstructed. Heat was applied to the feet, which were cool; the spray was changed to one of lime-water slightly acidulated with vinegar, and directed against the canular opening for a short time. Stimulants were administered in small quantities every few minutes. In fifteen minutes the pulse had improved much, and respiration became quite normal. Cough was but slight; both glands and cellulitis were improved; lung-sounds normal.

At 4 A.M. (January 7) the patient had returned to about her condition at 10 o'clock the evening before. At this time nourishment, stimulants, spray, lime, etc., were resumed as on the preceding day, except that a spray of Alcohol was substituted for the one of Carbolic acid. 10 A.M., after stool, the condition of the preceding midnight returned, but a similar course of treatment to the one adopted on the previous occasion speedily improved her condition. 11 A.M. temperature 103.4° . Cinchona sulphate, in $2\frac{1}{2}$ grain doses, was ordered to be taken every two hours. At 2 P.M. the third sinking spell occurred, and was followed by but slight reaction. The temperature at 5.15 P.M. was 103.6° , and pulse scarcely to be counted.

She gradually sank, remaining conscious until a few minutes before her death, and passed away without a struggle at 9 P.M.,—ninety-three hours after the operation.

Remarks.—This case illustrates the great importance of tracheotomy in membranous laryngitis; that the patient died even after the performance of the operation is true; but the child, whom it was quite evident to Dr. McLeod, Dr. Reed, and myself, must have speedily succumbed without tracheotomy, lived nearly four days after the trachea was opened,

in which time we had the advantage of trying everything in our power to save the little victim, whereas without it no time would have been left for a satisfactory trial. By a resort to this dernariy measure we were satisfied that nothing was neglected toward securing a favorable termination, as it is established beyond all dispute that *many* such cases recover (about 80 per cent.), and without the operation it might have been said we had neglected our duty. Further, the little sufferer must, in the former condition, have died from asphyxia, whereas after tracheotomy that difficulty was entirely relieved, and she was allowed to die comfortably, and yielded only to the dreaded blood-poison.

The importance of an *early* operation, before the blood has become so thoroughly poisoned, *cannot be overestimated*. This, I believe, is the secret of the great success obtained by many operators.

CAUSES OF ILL-HEALTH AMONG WOMEN.

BY HARRIET J. SARTAIN, M.D.

(Read before the Homoeopathic Medical Society of the County of Philadelphia.)

HAVING been given the privilege of selecting the subject for my paper this evening, I have chosen one which may seem hackneyed to most of you, but I trust you will bear with me if I spend the short time allotted, in considering some of the causes of the ill-health of our women; and in saying our women, I do not mean particularly American women, but women in all civilized countries.

When in England and France some years ago I made a point of inquiring, and so far as I could learn, they seemed to have as many ailments as we have in America; and a slip cut from the *Philadelphia Press*, of January 13th, 1883, says: "A four-valve speculum has just been found in Pompeii, where two-valve and three-valve specula had been before discovered," making it clear, that uterine diseases did not originate with the women of the nineteenth century.

We hear so much of the weakness of the women of to-day that we are led to inquire, why are we weaker than our mothers and grandmothers were? I think the answer to that question is: that they were overtaxed, and thus defrauded us of our birthright of strength.

It is a common saying that many women have internal ailments now, where few had in the past. Is this statement true or not? I think not. No doubt the older members of this

body can remember cases of women who were bed-ridden, or in a decline, or "had a complication of diseases;" who suffered for years, to die with what was called change of life, while some more fortunate recovered from their ailments at that critical time, to have neighbors and friends remark that they might have got up long ago if they had been ambitious and anxious to help their husbands and take care of their families. Now, if a woman is confined to her bed, we hear from what disease she is suffering, and whether it is curable.

Are diseases on the increase, or is it an increasing population that brings more cases to our notice?

If a small village with a population of 100 has one case of cancer, and a neighboring town with 1000 inhabitants has 10 cases, might we not, without considering the difference in numbers of the people, think cancers frightfully on the increase? Since we have not to do with the past except in suffering from it, so much as with the present, let us look for some of the causes that may enfeeble us when added to our weakness.

How important that our early training and habits of life should be such as to counterbalance our want of strength! We can hardly begin too soon to teach our girls how to live so as to acquire and maintain a good nervous tone. One of the first, may we not say *the* first cause of ill-health is ignorance. In the every-day things of life we need instruction.

We should be taught what and how to eat and drink. That unwholesome food eaten too rapidly will weaken the digestive powers, and stimulating drinks, such as tea and coffee, unnecessarily excite the brain and nervous system. That our clothing should be so constructed as to give perfect freedom of motion, leaving the waist and abdominal organs free from pressure and weight, and putting it on the shoulders where it properly belongs. That our exercise should be as uniform as possible, not exhausting ourselves by long walks one day, and then staying in the house three or four days in succession, again to repeat the walk and the confinement in doors. Our work should be diversified, giving change of position and change of thought, and the hours of labor should not be so long that there can be no pleasure in the rest that follows, while the amusements of those leading a sedentary life should be active, and those of an active life quiet and restful. Well-regulated study does not injure any one, but reading of a sensational character not only destroys the taste for more solid matter, but awakens emotions and passions that should remain dormant. Some time ago a mother brought her young daughter to me,

aged fifteen, who had been taken from school on account of nervousness, and I found the child was reading a novel a day, and that of the trashiest kind. My first prescription was one good wholesome book a week and Gelsemium three times a day. A second prescription was not needed.

Here let me speak of women who earn their living by standing in stores and by the sewing machine, and the difficulty they have in keeping their health when constantly overfatigued by such employment, and also of their more fortunate sisters who are exhausted by the demands of fashionable life. The woman who can attend morning lunches, afternoon teas, and evening parties for a season, and not be broken down at its close, must have more endurance than usually falls to the lot of mortals; and the young girl who passes through several seasons of gayety finds herself worn out with the pleasures, and certainly unfit for the duties of life. We are pre-eminently a nervous people, and while that is partly due to our climate, has not the constant use of tea and coffee, alcoholic stimulants, and tobacco, in our ancestors and ourselves, greatly added to it? In our lives there is so little repose. We are in a constant hurry. From youth to old age we are driven. Even our school children feel that there is not time for both study and play, and the play is neglected. Let us hope the Kindergarten system that combines both may work a revolution greatly needed.

The system that will combine business with pleasure for our children of a larger growth is yet to be invented, but if an evil always calls for a redress, may we not soon expect to see light in this direction also? We should begin early in teaching our children the construction and care of their bodies.

Our ancestors thought that ignorance was innocence, but we have learned that they made a serious mistake, from which we should make most strenuous efforts to free ourselves, and those to come after us. Our daughters, before signs of puberty appear, should be told of the expected change. If explained to them as a perfectly natural function that comes to every girl sooner or later they will not be shocked or frightened at its appearance. I daily meet women who date their ill-health from the beginning of the menses who, knowing nothing of the expected change, by cold bathing or some other imprudence, have laid the foundation for years, if not for a lifetime of suffering.

The ignorance of educated, cultivated women, concerning their bodies, is astonishing. They have studied physiology in

schools, but the sexual system is almost as much ignored as though it had no place in the economy of life; and in the past it was thought indelicate for a woman to wish to know anything of the organs of reproduction. That time happily has gone by, and a more enlightened culture is demanding that woman shall know herself. When mothers are well taught they will have no difficulty in teaching their children, and will have words to answer the questions that every child has a right to ask. A mother said to me this morning, "My daughter has so much headache and backache that I think it must be the change approaching, as she is now thirteen." I asked, "Does she understand what you are expecting?" She replied, "She knows nothing whatever about it." I tried to impress upon her the importance of telling her at once, when she said, "If I knew how I would; but how could I find words to tell her such a dreadful thing."

A physician of years and experience said to me, not long ago, that young men would be spared many dangers if sent to intelligent physicians to be taught how to take care of themselves, as most parents could not impart the needed knowledge.

Who is there to tell the young man and woman about to be married, of the responsibilities they are assuming? The father does not seem to think it necessary to speak to his son, supposing he will pick up all he needs to know in some way, and the mother does not know how to talk to her daughter; and, while those who have their welfare at heart are silent, injudicious friends are ready with their advice as to the best means of indulgence without its legitimate result, offspring. The most common preventives are enemas of medicinal agents, such as alum, borax, salt, tannin, wine, vinegar, ice water, hot water, and, lastly, urine. I say lastly, for in my long experience I had not heard of the latter being used until within the last year. While treating a lady of a very sensitive organization, with a delicate skin, for an abrasion of the os and cervix, I was greatly surprised at her becoming suddenly worse when almost well, without any apparent cause. Inquiry revealed the fact that she had used occasionally for years enemas of urine, to prevent conception, by the advice of a physician (happily not of our school), who told her of many things that could be tried, but that urine was the one thing that never failed. Using it on the eve of the menses, she probably forced some into the uterine cavity, and suffered with uterine and ovarian irritation for some weeks, from which she has recovered with a wholesome fear of such things, even when recommended by physicians.

By the suction of a Molesworth syringe I have seen the cervix so everted, raw, and bleeding, that it simulated a fungous growth, and restored to a healthy condition in a few weeks by ceasing to use it. I have removed cotton and sponge in all stages of decomposition that had been introduced for preventive measures; and within the last year a robust, healthy woman, came to me for an examination, supposed to be affected with some malignant disease, judging by an offensive discharge which had continued for several weeks. Imagine cotton, saturated with animal substances, kept for weeks at the temperature of the body, and you can then understand something of the foulness of the mass removed. A few applications of Carbolic acid and Glycerine cleansed and cured the inflamed and abraded parts; but had the patient been a weak, delicate woman, the consequences might have been serious.

I must not let this opportunity pass without speaking of the after-effects of preventive enemas. They produce, in many cases, a congestion that ends in sterility; and, could young husbands and wives know this danger, they would not purchase a few years of freedom from care in early married life by a future of hopeless longing for children.

That abortion is a widespread evil and cause of disease, none will attempt to deny; but this is often more the result of ignorance than wickedness. I do not remember ever talking with a woman contemplating abortion who did not think it no harm before quickening; and this is a generally accepted idea put forth by unscrupulous people, who follow abortion as a business, to make their wicked acts seem less atrocious. Women, who understand the mother's power over her unborn child for good or evil, no matter how hard the conditions may be (and sometimes they are very hard), will not ruin their health, risk their lives, nor murder their children.

There is still another cause that must not be passed over, and that is, too frequent childbearing. Many a woman loses her health and enfeebles her offspring by not having time to recruit her strength after the birth of one child, before the arrival of another. This should not be so, and would not if as much attention were given to the improvement of human beings as to the brute creation. Until the masses of the people are sufficiently educated to save themselves, to whom are we to look to help them but physicians?

If each one of us felt it a duty to enlighten our patients, how soon a change might be brought about. Are we doing all we ought in this matter by speaking the timely word when-

ever we can, and making occasions to do it, thereby helping the women of the future to be healthier and stronger than the women of to-day?

DISLOCATION AND ENLARGEMENT OF THE RIGHT KIDNEY, THE RESULT OF AN ACCIDENT.

BY H. KNOX STEWART, M.D., PHILADELPHIA, PA.

IN reporting the following case, it is simply to show to what enormous extent the internal viscera may become enlarged (hypertrophied), and how life is prolonged even under such extraordinary circumstances as are developed as the result of injury to these organs. This case having been, to me, and to my colleagues who saw the case with me, one of the most interesting we have ever been called upon to treat, we concluded to report it to the *HAHNEMANNIAN* for publication.

J. M. B., æt. 36 years, in August, 1881, fell from the platform of a railway station, a height of about four feet, striking upon the sharp corner of a tie, and bruising himself severely in the region of the right kidney. He got up, however, with the assistance of friends; felt quite severe pain, and aching in the lumbar region, but was not greatly inconvenienced. Next day he felt some little inconvenience, and consulted Dr. Waters, who relieved him for the time, and he went to his work without losing any time, but occasionally suffered from dull heavy pains in the right lumbar region, not sufficient to cause alarm, however. In April, 1882, I was consulted by him for a chronic eczema of the hands which had annoyed him for years, very much at intervals. Being a printer it interfered with his work. I treated him, from April to August, 1882, for this trouble with *Sepia*, *Sulphur*, and *Graphites*, and had the pleasure of seeing his hands entirely cured, and as smooth and clean as though they had never been affected by eczema. One day, early in August, 1882, nearly a year from the date of his injury, I was suddenly called to Mr. B., and found him suffering intensely with hæmaturia. He had discharged about three quarts of what looked like pure blood; the pain was in the lumbar region, inclining toward the right side; he complained of dizziness and a feeling of complete prostration. In speaking of his ailments, he could scarcely refrain from tears. (It was then I obtained my first information of the accident.) I attributed the hæmaturia to it, and gave him *Arnica* ϕ in water, a teaspoonful dose every hour; the hæmorrhage ceased, pains were better, and he was able to come to my office the following

day. The discharge of bloody urine continued in greater or less quantity for several days, with the pain in the right lumbar region and general exhaustion. Work seemed tedious and irksome; he felt that he had lost all interest, and was much annoyed by it. I gave him *Rhus tox* ϕ in water for three or four days, with remarkable improvement in all the symptoms, and advised him to go away for awhile to the seashore. He went to Atlantic City for three or four days, but returned, feeling worse than when he went away. He returned to his work, and came to my office for treatment two or three times weekly, and as the different symptoms would appear, I prescribed as indicated *Canth.*, *Caust.*, *Mer. viv.*, *Bryonia*, etc., until September, 1882, when he had another attack of hæmaturia, compelling him to keep his bed. I then gave him *Terebinth* 30^x, with marked improvement. At this time he was, from some unknown cause, subjected to a severe acute attack of coryza for which I gave *Acon. nap.* 6^x. He was doing very well, but still the pain in the right lumbar region continued to annoy him at intervals. On September 9th I was myself stricken with malignant diphtheria, and for thirteen days was confined to my room. Professor R. J. McClatchey attended me, and also took charge of Mr. B. He kept me informed as to the case, and his treatment of the same, which was *Terebinth* and *Berberis*, but the patient seemed much weakened from loss of blood, and Professor McClatchey informed me that he thought the patient would die before I would be able to see him. He improved, however, and when I was able to visit him, he was sitting up, and was anxious to get out to work again. In a few days he was able to go out, and on his first trip, which was during our Bi-centennial Celebration, while walking leisurely along Chestnut Street opposite the State house, he suddenly felt a dizziness come over him, and fell over backwards, was picked up unconscious, and carried to the American Hotel, where he remained about two hours, when he was sent home, and I was again summoned to his bedside to find that he had another hæmorrhage with its consequent exhaustion. He rallied again after a day or two, and resumed his work, going to his office about 8.30 or 9 A.M., and remaining till 4 or 5 P.M., calling at my office every morning as he went to work. This he continued for two weeks, when one morning he complained of a peculiar dullness and heaviness of the right limb. I consulted Professor McClatchey, and we concluded that this was caused by thrombus. Professor McClatchey thought we had better forbid

him going to work; he continued, however, one week longer, when he again went to bed, with increased pains in the right lumbar region, and an uncomfortable induration of the hepatic region, with very little appetite, and an increase of size of right kidney, and complained of a lump on the right side, in the region of the liver, which could be located at times, but at other times could not. Dr. Starr, of Chester, Pa., an intimate friend of Mr. B., called to see him about this time. On one of my visits I met Dr. Starr, and in consultation we decided that *Rhus tox.* was the remedy, and gave it in water every two hours, but could see little if any improvement. I had tested the urine, as had also Dr. Starr and Professor McClatchey, but could find no trace of Bright's disease. There were blood discs and pavement epithelium in the urine, but the specific gravity was normal. At this time, after the use of *Rhus tox.* 6^x the limb subsided to the normal size, but remained cold and clammy to the touch, and the patient began to fail slowly, but perceptibly to all of us. The pain at times in the kidney was intense, and the urine, at all times mixed with blood, became scanty; pain in small of back continued, with dull heaviness in the epigastrium. Dr. Stiles, Senr., was now consulted, but no new light was thrown upon the case. After a day or two Dr. Waters was consulted, and *Digitalis* 3^x was administered, as there were some cardiac troubles developing. He seemed to improve for a few days, when he lapsed back into the old channel, with increasing exhaustion, and now on testing the urine, pus was found along with the blood discs and pavement epithelium. I studied the case very closely, and consulted several of my medical friends, but found none who could fathom the mystery which enshrouded the case. Professor Raue examined the case very closely, and diagnosed a dislocation of the right kidney, with considerable enlargement, pushing forward and upward the right lobe of the liver. This seemed more satisfactory to me than anything I had gained as to the cause of all the trouble. After comparing notes we prescribed *Lyc.* It was given in the 5^o, with improvement for a week, when *Lach.* 5^o was substituted, and improvement continued for a week or ten days longer, after which he grew rapidly worse; the pulse became very weak; there was exhaustion, with intense pain in back and hepatic region, epigastric region, and pubic region, with rapid loss of flesh, pus in the urine very copious, and increasing restlessness. No treatment was of much avail, and on the 29th of January, his sufferings ended in death.

A post-mortem made twenty-four hours subsequently revealed the following facts:

Rigor mortis moderately well defined. Body much emaciated. Right thigh, leg, and foot œdematous and much swollen (probably from venous thrombus). In making an incision from the ensiform cartilage to the symphysis pubis, the integuments were found thin. Adipose tissue nearly all absorbed, rectus and other muscles attenuated. Epiploon, a mere veil; fat all absorbed. Intestines empty or nearly so. Jejunum shrivelled and shrunken to the size of that of a very young child. Part of the colon brown (coffee) color. Long-continued peritonitis evidenced by many strong bands uniting some of the viscera. Liver greatly enlarged, weighing (probably) six or seven pounds. Color darker than natural; right and left lobes mottled over by fatty deposits, showing that form of degeneration. Gall-bladder small, dark-colored and empty. The liver filled the right hypochondriac and gastric regions, and extended well into the left hypochondriac region, pushing up the diaphragm and displacing the stomach. The spleen appeared normal, save somewhat dense and hard. The right kidney was enormously enlarged, weighing (probably) from two and a half to three pounds; it occupied the right hypochondriac and lumbar regions, and extended into the upper part of the right inguinal region. Its structure was so thoroughly disorganized as not to be recognizable and was completely infiltrated with bloody pus. The right ureter was much thickened and enlarged, but not at the expense of the diameter of the canal. The kidney was adherent by many strong bands to the under surface of the right lobe of the liver.

A few of the mesenteric glands were enlarged. The veins of the portal system were enlarged, and showed obstruction to free circulation through the liver. The left kidney was enlarged somewhat (having done double duty for a long time), but healthy in appearance. There was a remarkable absence of fluids in the abdominal cavity.

A CASE OF WHITLOW—RAPID CURE.

BY JOHN C. MORGAN, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

Miss M., aged 17 years, complained in school of severe pain in the last phalanx of the left index finger—aching, tension, and throbbing. The part became hot, and by advice she held

it several times in hot water, which aggravated, both at the time and afterward. On inspection, she complained most of the dorsal portion, under the nail, where a minute hæmorrhagic-looking point appeared at the centre. Prescribed cold applications, and *Ferrum phosph.*, 30th centes., every hour. During the night she obtained a good deal of refreshing sleep, only requiring an occasional dipping of the finger in a basin of water, oiled silk being used as cover.

Next morning she was free from pain; some soreness existing, and on inspection a drop of pus appeared beneath the nail, which was evacuated with a needle; gave a few doses of *Calc. sulph.*¹²/_x, and occasional treatment with cold water. Cured.

PREMATURE MENOPAUSE.

BY T. PRATT, M.D., MEDIA, PA.

(Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties.)

ABOUT eighteen months ago, I was called to treat a lady aged 35 years, for what she supposed was prolapsus uteri. There had been no menstruation for seven months, and there was no enlargement of the abdomen, or other signs of pregnancy, but there were constantly present the ordinary symptoms of prolapsus, with a more or less profuse leucorrhœa. I found, upon examination, prolapsus of the organ, with considerable hyperæmia and endocervicitis. The extreme sensitiveness rendered an internal examination impossible. After the internal and local treatment usual in such cases had been followed for a few weeks, the uterus returned to its normal condition, and the leucorrhœal flow ceased. There is still, however, no indication of a return of menstruation, though the lady continues in good health, and prior to this period had always menstruated regularly except when *enceinte*.

Miscellaneous Contributions.

RADICAL TREATMENT OF WHOOPING COUGH. (A. H. Z. 23, 1882.)

TRANSLATED BY S. LILIENTHAL, M.D., NEW YORK.

AT the meeting of the Rhenish Society at Dusseldorf, September 7th, 1882, Dr. Bolle recommended most earnestly inhalations of *Mercurius corrosivus* for whooping-cough, and claims to cure it radically in fourteen hours; as thus the germ

or fungus of this disease is destroyed without doing any injury to the patient.

Bolle prepares at first a concentrated solution of Merc. cor., in alcohol. It is soluble in the maximal proportion of 1 to 5 in alcohol. One may use a surplus of Merc. cor., in the solution, as after saturating the alcohol the remainder sinks to the bottom. From the mother tincture, one drop contains a sixth of its weight of Merc. cor. For an inhalation twelve to twenty drops of this mother tincture are mixed with one hundred grammes alcohol. The evaporating alcohol carries with it particles of the Merc. cor., which thus enters the respiratory tract and destroys the fungus. For inhalation he uses a common cup in such a manner that the expired air is not breathed again into the cup, but is discharged through the nose over the margin of the cup. Inhalation may continue for hours or from noon till the evening, and thus secures rest even during the first night.

Not only whooping cough, but all infectious diseases without exception are based on living organisms, though Bolle is undecided whether they are fungi or animal beings. He sees in the cough-paroxysms the tendency of the organism to get rid of these tormentors. The inhalation of Merc. cor. saves that labor by destroying the microbes, and thus radically prevents their increase.

The first case he treated by inhalation was a severe one. The young lady and her parents had not slept for nights, and her health began to fail. Bolle put half a teaspoonful of his solution in a cupful of alcohol, put the cup before her mouth, and she was ordered to inhale through her mouth and to exhale through the nose. This was continued for seven hours. At eleven P.M. she fell asleep and awoke only next morning at ten. Her brother, nine years old, was treated in the same manner. He had next morning a severe attack, but it was the last one. He never saw any ill effects from this treatment. Hendricks, Sen., corroborates the antiparasitic qualities of Merc. cor., which Leukhart in a dilution of 1 to 10,000 considers the best destroyer of micrococci.

Bolle does not consider the treatment with alcohol and Merc. cor. from a homœopathic standpoint, but perfectly rational, just as in cases of poisoning we employ antidotes to render them chemically innocuous and thus stop the progress of toxication.

Weber does not deny the statements of Dr. Bolle, but great care may be necessary, as the victims of whooping-cough are mostly children, and milder treatment ought to be first tried.

WHY I BELIEVE IN THE EFFICACY OF HIGH POTENCIES.

BY G. C. QUEZADA, M.D., BROOKLYN, N. Y.

MUCH has already been said on the subject of high potencies, but as the question is still far from being settled, I will endeavor to express the reasons which compel me to believe in their efficacy, in hopes that perhaps others may be induced to give reasons for entertaining a different view, and for administering exclusively the crude drug or the lowest potencies.

It is useless to extol high potencies to the skies, or to go to the other extreme, and condemn them as worthless, so long as we are unable to support our claims by conclusive proofs.

Naturally enough, I was at first skeptical concerning attenuated remedies, but many motives led me to investigate before coming to a decided conclusion.

I, therefore, began by taking an impartial view of the subject, and proceeded to examine my surroundings. I found, on the one hand, men of fine intellect and scholarly education recommending the high potency; on the other hand, men, also, of intellect and education ridiculing and considering them as inert. On closer investigation, however, I became impressed with the idea that there must be good reason for the existence of the former party, since it consists of individuals who stand high in our ranks both as practitioners and scholars.

Among authors on homœopathic therapeutics, I discovered that Hahnemann, Boeninghausen, Jahr, Hering, Lippe, Guernsey, Dunham, Raue, Allen, Bell, Burt, etc., prefer the high potency, and justify their claims by the brilliancy of reported cures. Nevertheless, as I said before, a great many of our practitioners do not seem to share this opinion.

I noticed, however, that the latter pay special attention to some other branch of medical science, such as surgery, pathology, or histology. Proficiency in their respective specialties requires so much time that they are forced to neglect therapeutics. I became, therefore, fully convinced of the fact that, if the high potency has not been found universally successful, the fault lies not in the potency, but in the prescriber.

I observed this particularly at the college where I studied. All first-year students wore a wise and skeptical smile every time a high potency was prescribed at the clinics; but, by the time they had become seniors, the smile had either vanished entirely, or, if any trace of it remained, it was only one expressive of satisfaction and admiration.

Hahnemann began his practice of homœopathy with the crude drug, but the longer he studied and experimented, the

more frequently did he resort to high attenuations. Does it seem reasonable to suppose that if he had been less successful in his later practice, he would have failed to notice it?

Such thoughts and reflections so impressed my mind, that finally I formed the resolution to follow Hahnemann's rules faithfully and perseveringly, and to become convinced, if possible by facts as well as by reasoning.

In the first place, I did not procure from Tom, Dick, or Harry, a set of high potencies, and commence prescribing Nux vom.^{co} for every case of constipation, or Bell.^{co} for all kinds of headache, or Sepia^{co} to every woman who chanced to present a yellow-saddled nose.

First of all, I studied Hahnemann's *Organon*, a book, by the way, which has become "*clean out of fashion*" in these times of "improved," "scientific" homœopathy.

Having thoroughly digested this work, I applied myself diligently to study his *Materia Medica Pura*, which I found not a subject to be mastered in one or two years, but which requires at least three or four years of most assiduous application.

After acquiring some knowledge of the polychrests, I watched for a good opportunity before venturing on a prescription. In the meantime I provided myself with some mother tinctures (Sherman's), and proceeded to run them up to the 30th centesimal, in accordance with Hahnemann's directions.

Soon I had occasion to test their efficacy. My first case was that of a married lady, aged twenty-five, who had been subject, all her menstrual life, to most severe dysmenorrhœa. During attacks she would writhe in agony, with the most distressing labor-like pains. Both her mental and physical symptoms were such as corresponded exactly with the pathogenesis of Chamomilla, and this remedy in the 3^x was the only thing that gave her temporary relief. Here, then, was a splendid opportunity to find out whether this drug would do as much or more, if given in the 30th cent.

Just before her next catamenial period, I sent her the 30th, which I had myself manufactured, and directed her to take the first powder as soon as she felt the recurring symptoms, and to continue with the other two at intervals of three hours, if necessary.

I did not hear from her for a long time, and thought that perhaps my last prescription had disappointed her; but, in a letter upon another subject, and written seven months later, she referred to her sickness, saying, the last prescription not only relieved her completely, but permanently.

Although this was a pretty convincing proof, I was not thoroughly satisfied with one confirmation.

My next experience with *Chamomilla* was with a teething baby, two years old, who had been very restless and nervous, unable to sleep. Its mother, an Irish woman, was in the habit of giving it tablespoonfuls of brandy, but with little or no relief.

This baby had the diarrhœa and all the other characteristic symptoms of this drug, so graphically described by Dr. Guernsey in his "Obstetrics."

I dropped a few No. 10 pellets of *Cham.* 30th dry on his tongue. In about half an hour he fell asleep and rested quietly for seven or eight consecutive hours, and then awoke fully restored. The mother was frightened, and told her neighbor that she was afraid of such *strong* medicine.

In the meantime, other opportunities revealed to me the efficacy of other medicines in the 30th and 200th potencies, provided they were well indicated.

An old lady, aged sixty, from Central America, had, for several years, suffered with peculiar attacks of convulsions, resembling opisthotonos, and, although she had the best allopathic treatment her country could afford, her doctors, as a last resource, advised a sea-voyage, and a change of climate.

I met her in New York three months after her arrival, and as her sickness was growing worse, she wished to be recommended to the most successful physician in the city. Her case was so interesting to me, that I induced her to give me a trial first.

I noted the following symptoms: She was very *anxious* about her condition. Her face had a cachectic appearance. She complained much of vertigo, on rising in the morning; also, of headache and persistent chilliness. Her bowels were regular. She had no appetite whatever, and the least food would bring about these spasms, when she would suddenly become very dizzy, and feel something like a shock in her stomach, her head would be retracted by a spasmodic contraction of the cervical muscles, and she would become rigid. She slept badly, and perspired a great deal through the night.

After studying several remedies, I decided that *Cicuta virosa* corresponded best, and, as it was a chronic, nervous trouble, I prescribed three powders, of the 200th (of Dunham). I directed her to take one as soon as she felt the symptoms, and the others at intervals of three hours, if necessary.

I saw her two weeks afterwards, and she told me that the

medicine had acted magically, as she had had no more attacks since. She remained free from them for about three months, and then, as they commenced again to develop gradually, she came for more medicine. I prescribed again the same remedy and the same potency, and this time with permanent relief.

I think I am justified in saying that Cham. 30th and Cicut^a²⁰⁰ are efficacious, when well indicated, and that the above cases were neither mere coincidences, nor the work of faith.

There are some amongst our practitioners who will venture as far as the 6th centesimal, but ridicule and despise, and even declare relentless war against the 30th and 200th.

A little consideration will show them the absurdity of their notions.

The 6th potency is equal to $\frac{1}{100000000000}$ th part of the crude drug, or what the English arithmeticians call one-billionth. Now, it is easy to say one billion, but the mind cannot appreciate the immensity of the number, without the assistance of an illustration. Suppose, then, that one's heart beats at the rate of one hundred per minute, and that one was sentenced to die as soon as it had accomplished one billion beats, how long would be the reprieve? Will it be one year? No. Then, will it be ten years? Still not enough. One hundred years? What! A man's lifetime, for the heart to perform only one billion beats? Impossible! And yet the time is not calculated. One thousand years may pass away, and still the heart, beating at the rate of one hundred per minute, will be performing its task of numbering the fraction of a grain of drug raised to the 6th centesimal potency of Hahnemann!

It seems fabulous, but, nevertheless, it is true that if Adam had been sentenced to death under the above conditions, he would not only be alive to-day, but would still have a prospect of more than thirteen thousand years of life before him!

Now, then, if the 6th is reliable, and reasonable, and scientific, why not the 30th? And if the 30th, why not the 200th, or 1000th, and so on *ad infinitum*? Is it because we cannot comprehend it? Can we understand how the 3d acts? Can we explain how a hen can transform an egg into a chicken? Still, we all *admit* the fact, in spite of the average *bad egg*. Just for the same reason we must admit that the 200th and higher potencies have a curative effect.

I do not claim that there is any of the original *material* drug left in them, but how do we know but that the curative properties of drugs can be propagated throughout a suitable vehicle,

in the same way as a magnet is propagated through steel, or as caloric is through a combustible substance?

If we discard the old, erroneous, *anti-Hahnemannian* idea of disease, as being a material, tangible entity, is it not logical to suppose that it is not the ponderable matter or physical parts of drugs that affect it, but rather their peculiar characteristic, dynamic properties, by which they are distinguished, one from the other, as revealed to us in their different pathogeneses?

Hahnemann was a man of great genius, extraordinary experience, and great powers of observation, and, above all, he was a most indefatigable student. Not only did he study throughout his regular hours, but he had, also, early in life, acquired the habit of sitting up every third night, throughout the entire night, at his books, and under these circumstances he finally attained an advanced age, which but few, if any, of our modern scientists will ever reach.

I presume, therefore, that he knew more about this subject than any man that ever lived, and I yield to him in theories, and accept his advice. I try to follow him to the best of my ability, for, if I can ever expect to achieve success, it is my duty first to follow my instructor.

Show me the man, who has attained the height of Hahnemann, and *that* man has a right to try and improve on him, but no one else. The whole question of high potencies is, I think, relative. The allopath considers "*similia*" unscientific and laughs at the pellet. The low dilutionist ridicules the 200th, and treats its upholders with contempt. Let the allopath investigate homœopathy thoroughly and honestly, and let the scoffer at potentized remedies apply them properly, and we will have two classes of converts to scientific medicine.

In the meantime, I think that the physician, who has at his command the whole scale, from the crude up to the highest potencies, has the decided advantage over his colleague, who limits himself to the crude drug. I am convinced of the difficulty of curing chronic diseases, without the aid of high potencies, and, as regards those of the acute form, there are instances when the high potency may be the only salvation of the patient. You cannot repair a watch with blacksmiths' tools. Neither can you use watchmakers' tools successfully in repairing a locomotive.

That man is, indeed, an anomaly, who refuses to believe in the high potencies, notwithstanding existing evidence, *merely* because it looks unreasonable to him and unscientific, for does not the very fact of his calling himself a homœopath imply

his belief in "similia," which is apparently as unscientific and unreasonable as the other?

I think I have endeavored to show the *right* way to investigate this question, and it remains for others to follow suit, and report.

DISCUSSION ON "RUPTURED UTERUS," AND "CAUSES OF
ILL-HEALTH AMONG WOMEN."

BY THE PHILADELPHIA COUNTY HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY CLARENCE BARTLETT, M.D.

DR. R. C. ALLEN presented a specimen of ruptured uterus. The history of the case he briefly gave as follows: The case was seen in consultation. When he arrived he learned from the attending physician that the head was presenting naturally, and that he had applied the forceps, but they had slipped off, and since then he had been unable to locate the child. Dr. Allen made an examination, and found the placenta and then the cord. Following the latter the hand passed through a laceration into the abdominal cavity, where the child was found, lying transversely, with the anterior surface presenting, and the head towards the left side. The right thigh was first reached and extracted, then the left, and then the body, when it was delivered. A peculiarity of these cases is that the patient is usually found in a condition of collapse, with external and internal hæmorrhage. In this case these conditions were absent. Another feature of the case was that there was a diffused peritonitis discovered at the post-mortem, unattended with pain during life. Eight hours after delivery the pulse was 120; the abdomen was intensely swollen and tympanitic. The next day she was in a great deal better condition. The pulse was 100; the temperature and the respirations were normal. The next day a domestic trouble occurred, after which she had a relapse. The pulse ran up to 120. She passed a restless night, and was taken with vomiting and died on the fifth day. A post-mortem examination revealed a transverse rupture of the uterus on its anterior surface, just above the vaginal junction. The laceration measured two and a half inches in length. The uterus was eight inches long, and measured twelve inches in circumference at the fundus. There was also the peritonitis before spoken of. The causation of the lesion was involved in obscurity. The slipping of the forceps could not have caused the mischief, as the vagina and cervix were intact, and the rupture was transverse.

DR. MOHR: Was there any history of injury preceding the

labor? The only case of ruptured uterus he had seen followed a fall.

DR. ALLEN: No, none that had been given. There was no abnormality of the pelvic walls, for the child was easily delivered.

DR. KNIFFIN: Why were the forceps applied?

DR. ALLEN: Because the doctor wanted to get home. The long forceps were used.

DR. SARTAIN: Had she been long in labor?

DR. ALLEN: Labor began early that morning, and the pains came gradually closer and closer together. The head was presenting in the inferior strait at the time.

DR. GRIFFITH: If the head was presenting in the inferior strait, could the child have gone back into the abdominal cavity?

DR. ALLEN thought that it could.

DR. TRITES had treated a case in which there was neither abdominal tenderness or increased temperature; yet, on making the autopsy, there were evidences of a general peritonitis.

DR. DUDLEY recalled a discussion on the subject of peritonitis in one of the Hahnemann club meetings three years ago, during which there were cited a number of cases where the post-mortem revealed peritonitis, yet no pain existed during life. The presence or absence of pain was considered as an exceedingly unreliable evidence in peritonitis. Referring to Dr. Sartain's paper he said, that one remark in particular gratified him, that in which she urges that children be not born too rapidly, at too brief intervals. He had known families in which the children growing up manifested varying degrees of health. The older children were robust, while the younger died of disease. It is well to encourage *some* people not to have children too rapidly. It should be done thoughtfully, without hinting as to the use of improper means. He wished to add another to the long list of drugs for procuring abortion, namely, Sulphuric acid. A woman was urged by a neighbor to have no more children, and was recommended to use injections of dilute sulphuric acid. The advice was followed. He was sent for shortly afterwards, and found the woman with intense inflammation of the parts, high fever, etc. She finally recovered, and the drug failed in its mission. When the child was born the mother told of the cause of the trouble.

He wished to make a statement about corsets. He knew a woman who got up from her first confinement with a pendulous abdomen and prolapsus uteri. He had great difficulty in

treating the case. The patient now commenced wearing a corset—she had never worn one in her life before—and immediately she recovered her wonted health and vigor. He wished that some one who was as much opposed to corsets as he was would explain this?

DR. A. R. THOMAS had met with a number of instances in which peritonitis, confirmed by post-mortem examinations, had existed without pain. One case was from rupture of the gall-bladder. The peritonitis extended over the whole abdomen, and death resulted. The patient early went into a condition of collapse. It was not easy to account for the laceration in Dr. Allen's case. In three cases he (Dr. Thomas) had met with transverse lacerations. Violent contraction of the muscular fibres may have caused these. It is possible that, in Dr. Allen's case, strong uterine contractions may have been excited by the traction of the forceps, and rupture of the uterus followed.

DR. SARTAIN: Had Ergot been given in any of Dr. Thomas's cases?

DR. THOMAS: In two of the cases certainly not; in the third he could not say.

DR. SARTAIN: Is it usual to find the uterus relaxed?

DR. THOMAS replied that, in the cases in which he had made the post-mortem, the uterus was large, flabby, and relaxed.

DR. BROWN could not satisfy himself as to the cause of the rupture in Dr. Allen's case. He had met with a patient who, in order to prevent conception, injected tobacco-juice into the uterus, and she died from the injection. He did not think that there was any danger of people having too few children to suit them. It is the other way. The practice of injecting the uterus with these drugs, or with cold water, is becoming very common amongst young people especially. It seems as if they had learned it beforehand. If the mothers have not taught them the right way, others have taught them the wrong way.

DR. MOHR: Dr. Sartain has told us that too frequent child-bearing ought to be avoided, and Dr. Dudley indorses the recommendation. How shall we prevent conception in such cases? You may advise husband and wife to abstain from sexual intercourse, but such advice will not be heeded. How, then, in suitable cases, shall conception be prevented? Perhaps the essayist can indicate the method. Those commonly employed, she altogether condemns.

In regard to care of girls at time of menstruation, it has been his (Dr. Mohr's) practice, where girls of thirteen or fourteen years of age begin to complain of weak back, headache almost daily after coming from school, to advise the parents to remove the child from school, and keep her away until menstruation has been well established. When the child returns to school she does so with renewed vigor, and is capable of more work than her companions.

DR. SARTAIN said that, if we take girls from school, they are very apt to read all the time. Better by far go to school than have her own way out of it.

DR. MOHR: I put them to light housework.

DR. ALLEN, in closing the discussion, said that he had met with a case in which salicylic acid, india-rubber cylinder, and the Comstock syringe had been employed to prevent conception. The health of the woman was wretched. On stopping the use of the instrument she was restored to health. He had frequently met with cases of uterine disease the result of too early getting up after confinement. He also stated that, in his case of lacerated uterus, the attending physician had given one drachm of powdered Ergot. The uterus was well-contracted, but flabby.

"IMPURE HOMŒOPATHY."

EDITORS OF THE HAHNEMANNIAN MONTHLY:

I notice in the January number of your Journal, an article entitled "Impure Homœopathy." Scientists do not recognize any "nastiness" in nature, for a chemical change of the atoms, transfers "nastiness" into odoriferous perfumes, and the product of the cesspool into food. There is a passage in an ancient volume that reads thus, "and why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thy own eye." Those who take or prescribe "morbific products" use the high attenuations; now the writer of "Impure Homœopathy," evidently a low potency practitioner, is naturally horrified, at using those substances so near the original; but he does not hesitate to consume large quantities of Philadelphia filth, in the first attenuation in his potatoes, beets, turnips, tomatoes, corn, etc., and forgets that the exquisite beauty and sweetness of the rose which he presents his lady-love (assuming that he has one) is the result of the dead cat festering at its roots.

Does he ever reflect what he is doing when drinking Phila-

delphia water? Those voracious chroniclers, the daily papers, would lead us to believe that it is the mother tincture of "nastiness." Even the air he breathes, according to Pasteur and others, is laden with bacteria and larvæ of myriad forms of disease germs but one remove from the putrefying mass that produced them.

Had his objections to the use of morbid products been based on the ground that they had not been proved to his knowledge, it would have been tenable; but to object to this "disgusting nastiness" while devouring quantities in forms so near the crude article that they can be detected by taste and smell, is not logical, to say the least.

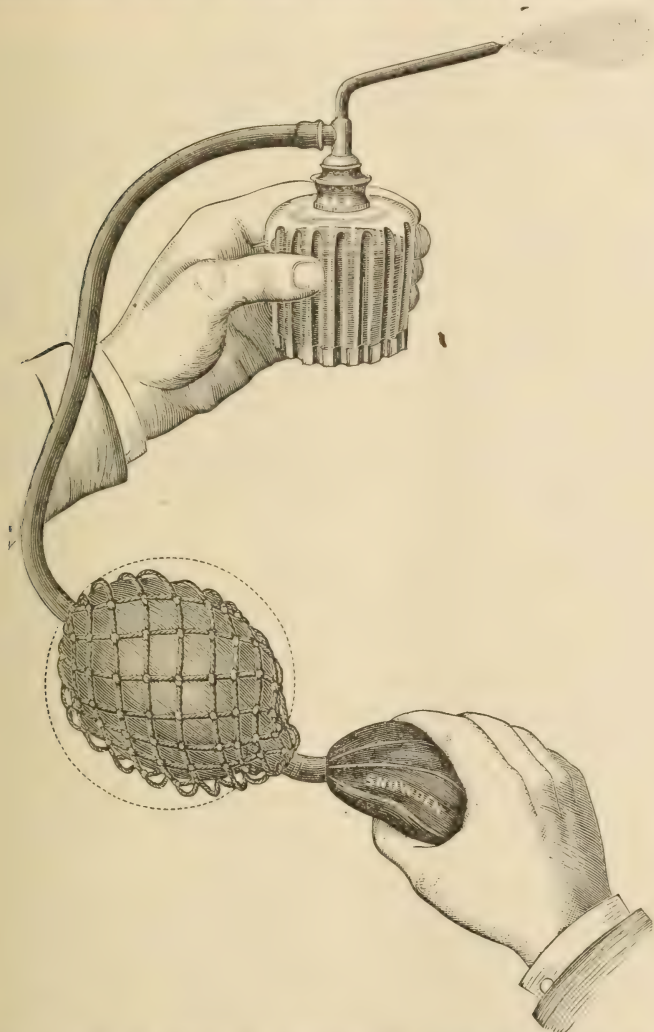
My understanding of the opposition of allopaths to homœopathy is based on a very different reason. A physician who stands high in the old school in this city, said with emphasis: "I don't believe in homœopathy, and think it — nonsense, but I respect a man who believes in it, and who is consistent, and practices as he believes; but the majority that call themselves homœopaths are — hypocrites, who profess homœopathy, and in their practice give the lie to their profession—such men are a disgrace to any profession." S. SWAN.

[Is it true that "scientists do not recognize any nastiness in nature?" So much the worse for the scientists. Other people have no difficulty in recognizing it. Does or can any amount of scientific (?) argument abate one jot or tittle of the filthiness of filth? Is a bed-bug at the end of Dr. Swan's letter any less vile than a bed-bug at its beginning? Eds. H. M.]

"THE PERFECTED ATOMIZER."

THIS instrument, made by Mr. Snowden, No. 7 South Eleventh Street, Philadelphia, is deserving the name he has applied to it. He has arranged different terminal pieces, so that it can be adapted to the ear, nose and mouth, and to the post-nasal and laryngeal tracts. The extra bulb gives a fine continuous spray, and, in consequence of the extra good quality of the rubber used in its manufacture, is capable of easy distension to the extent of the silk network surrounding it without possibility of rupturing it. It is the nicest instrument of the kind I have ever used, and because of its cheapness is within the reach of all our patients requiring local applications to either acute or chronic trouble in any of

the above-named canals and cavities. I use the remedy, that may be indicated for the disease, thus locally also. It is far more effective than the nasal douche even as a cleanser. For



disinfecting a room or during the changing of antiseptic dressings it answers every purpose that could be accomplished by the more cumbersome steam-spray apparatus.

JOHN E. JAMES.

PHILADELPHIA, March, 1883.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF
PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held at the rooms of the Homœopathic Library and Reading-Room Association, 1009 Arch Street, on Thursday evening, March 8th, 1883, at 8.30 o'clock; the President, Dr. W. B. Trites, in the chair.

The minutes of the February meeting were read and approved. The Censors then reported in favor of the membership application of Dr. Edwin Van Deusen, whereupon he was duly elected.

Dr. E. Boylston Jackson, chairman of the Bureau of Clinical Medicine, reported that he had associated with him on the bureau for the ensuing year, Drs. F. O. Gross, Theo. J. Gramm, W. W. Van Baun, and J. B. S. Egee.

Dr. Richard C. Allen was elected Treasurer to fill the unexpired term of the late Dr. A. H. Ashton.

The following physicians applied for membership, viz.: Drs. H. Knox Stewart, J. Robert Mansfield, Irwin B. Gilbert, W. T. Maguire, William H. Gardiner, Oliver S. Haines.

Nominations were made for officers to be elected at the annual meeting, as follows:

W. B. Trites, M.D., for President; Samuel Brown, M.D., and J. N. Mitchell, M.D., for Vice-President (one to be elected); R. C. Allen, M.D., for Treasurer; C. Mohr, M.D., for Secretary; and A. R. Thomas, M.D., W. K. Ingersoll, M.D., J. B. Kniffen, M.D., E. B. Jackson, M.D., M. S. Williamson, M.D., and Eliza H. Lang, M.D., for Censors. (Three to be elected.)

The Bureau of Obstetrics and Gynæcology, R. C. Allen, M.D., chairman, then submitted the following papers:

(a.) "Causes of Ill-Health among Women," by Harriet J. Sartain, M.D.

(b.) "A Case of Ruptured Uterus," by R. C. Allen, M.D.

The papers were read, and referred for publication. Dr. Allen regretted the absence of his bureau associates whereby the society was deprived of the benefit of the papers of Drs. Martin, Betts, and Mitchell. A short discussion ensued, which was closed by the chairman, and after the President had appointed Dr. Isaac G. Smedley chairman of the bureau for the ensuing year, the Society adjourned.

1883.]

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., April, 1883.

No. 4.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

METHODS OF MAKING TRITURATIONS.—In the March number of this journal, page 185, we printed an extract of a letter from a homœopathic pharmacist, in which the writer claims to produce a superior article by the use of *porcelain* mortars in preference to Wedgwood, and also by the greater *duration* of the triturating process.

It has since occurred to us that the article in question is liable to lead to a misconception on the part of some of our readers that Wedgwood mortars are in common use, whereas it is probable that our best pharmacists use the porcelain mortars only. In this connection we refer our readers to a description of the machinery and processes employed by Boericke & Tafel in their new pharmacy at 1011 Arch street, Philadelphia, published in the HAHNEMANNIAN MONTHLY in August, 1881. On page 470 we find the following language:

“Ascending to the second-story, we were shown into a well-lighted, airy room, 50 by 18 feet, fitted with shelves all around, which were loaded down with labelled boxes and bottles, while upon the upper shelf we counted *more than a hundred large porcelain mortars*. This is the ‘trituration room,’ and its chief interest centres in a row of eight triturating

machines occupying the middle space of the apartment. Each of these machines is enclosed in a large box with glass top, through which the process can be constantly watched without permitting the escape into the room of the fine particles of the drug, and effectually preventing the various drugs in course of trituration from contaminating each other. Within each box is a large mortar resting upon a small revolving platform. The heavy pestle is operated by an arm which enters the box at one side and is put in motion by a crank driven by the gas-engine already mentioned. The machine is so nicely adapted to its work that the pestle never passes twice over exactly the same track. We took the trouble to *time* the movements of the machine by the watch, and by a simple calculation we learned that in the preparation of each trituration the pestle makes about fourteen thousand, four hundred revolutions."

The *porcelain* mortar seems, therefore, to be in daily and constant use in the large laboratory of Messrs. Boericke & Tafel. In a recent conversation with Mr. Tafel—the present senior member of the firm—he informed us that, years ago, they had entirely discarded Wedgwood-ware from their trituration room and restricted themselves exclusively to large-sized, unglazed porcelain mortars. He also stated that they soon discovered that *one pound at a time* could not be properly trituated at all, even in the large fourteen-inch porcelain mortar. For the past six years *ten ounces at a time* has been their maximum limit.

The milk-sugar used by the firm is selected with the utmost care, and is the best obtainable. It is then subjected to a further process of purification and re-crystallization. Before it is finally ready for use it is pulverized, and then carefully and thoroughly *dried* by artificial heat. This drying process Mr. Tafel considers necessary to impart to it the highest degree of hardness and to secure its best trituration or grinding quality. Recently the firm has devised an improvement (on which an application for a patent is now pending), consisting of two adjustable porcelain scrapers, which so operate as to throw all the mixture directly under the pestles at each revolution of the mortar, or about twenty times a minute. The plan of simply allowing the mixture to *fall* under the pestles by its own gravity was found to be unreliable, as the mixture always adheres more or less to the sides of the mortars.

As regards the *time* required for the trituration process, Boericke & Tafel always accord a considerably longer period to their *first* decimal triturations, as indeed all other conscientious pharmacists do. With the improved trituration machines of the Philadelphia firm it is rarely found necessary to prolong the time to more than four hours. "We originated the plan," said Mr. Tafel, "of giving two hours' time to all

triturations of ten ounces or less, and we are glad to notice that others are beginning to follow our example."

Whatever may be said of the *theoretical* advantage of prolonged trituration, Mr. Tafel expresses his full conviction that *practically* it is not at all difficult to reduce the milk-sugar to such exceeding fineness that it can no longer have any pulverizing action upon its contained drug. With our best tritulators he thinks this limit is reached considerably within ten hours, though of course it will vary with the character of the drug. Beyond this point, of course, further subdivision of the medicine is possible only by advancing to the next attenuation.

WOMEN AND MATERNITY.—Dr. Morgan Dix recently preached a sermon in which he inveighed against the common practice among married women of preventing conception.

The *Commercial Gazette* of Cincinnati, abusing its privileges, denounces the reverend doctor and upholds women in their nefarious custom.

"To come down to the marrow-bones of the matter," writes the *Gazette*, "is childbearing a duty? In this Dr. Dix seems to be like those told of in Scripture, who lay on others burdens grievous to be borne, while themselves will not touch them even with their little fingers." [Isn't it Shakespeare who says that even the devil can quote Scripture for his purpose?] "People are too many. Reckless propagation is the obstacle to all the plans of humane philosophers for improving the condition of mankind. . . . What can be so immoral and so lacking in conscience as to fetch (?) children into these tremendous liabilities for a momentary gratification? . . . Numbers are of no account in mankind (!). It is elevation that counts. She who resigns herself to the function of maternity, during all the natural period, cannot have that mental exercise which is requisite to keep up with the minds of her grown-up children. Besides, the mother, at each birth, becomes herself like a child, and her speech and mind come down to the germs and slow development of the infant understanding. This repeated going back to the beginning of mind and speech keeps her from intellectual development."

Is it possible to conceive of more lamentable ignorance of womankind, or to proffer more damnable advice, than is contained in these sinister lines? They outrage marriage, they foster murder, and they teem with blasphemy against God.

But the *Gazette* is well answered by one of the women it so degrades. In the *Sunday Morning News* of Cincinnati

appears a letter, from which we cull the following: "I do not hesitate to declare that, with the notable exception of Jewish and Catholic women, fully one-half of my American sisters resort to mechanical and medicinal agents to prevent conception. . . . In five minutes I have counted fifteen in my immediate neighborhood who make no secret of these monstrous practices." That this lady is not one of the infamous fifteen is proved by her closing words: "I am blessed with health, moderate fortune, children who have never suffered illness or accident, a husband who is devotion itself, and continent to a degree almost incredible; and yet, counting downward from the nine-year-old boy to the tiny little fellow of three months, I find myself the mother of seven."

All this would be out of place here were it merely newspaper talk; but every physician knows that the desecration of marital duties is so widespread that marriage is fast degenerating into legalized concubinage. Women are becoming, in consequence, more and more diseased, and society is suffering numerically, morally and spiritually. Even at physicians' meetings have we heard woman defended in her child-murder by doctors, whose only excuse is that wives should have *some* protection against the selfish demands of their husbands.

PHYSICIANS AND GENTLEMEN.—The "and" is emphatic. There are gentlemen who are *not* physicians, and there are physicians who—that is to say, eh!—the terms *physician* and *gentleman* are not always synonymous; *that's* what we are trying to say.

A Philadelphia lady recently advertised "a parlor to let to a physician, dentist or gentleman." Evidently *she* had been studying synonyms, too, and with fair success. It is gratifying to remember that, while she considers a dentist the next thing to a gentleman, she also regards a physician as the next thing to a dentist. "The dignity of the profession" is thus established and assured. The physician is at the third round of the social ladder, counting from the top, and with only dentists and gentlemen above him.

Dr. Roosa has asked the New York State Allopathic Society—and the society has consented—to consider next year a simpler code than the one whose adoption a year ago caused such a commotion in the Esculapian host. This newest of all the codes, if adopted, will declare that "*the only ethical offences for which we (the New York Society) claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy of a physician and a gentleman.*"

Dr. Roosa writes like a master of the Queen's English. Therefore his deliberate repetition of the article "a" before and after his copulative conjunction, indicates that he refers not to one person, but to two, and must be accepted as evidence that *he* also knows the difference between "a physician and a gentleman." It seems, then, that whatever Dr. Roosa's views on the currency question may be, in medical ethics he is certainly a bi-metallist.

It becomes important to inquire what the practical effect of such a code, if adopted, will be. In the first place, it seems necessary to learn just what the standard of excellence is that is to be thus set up, and what sort of conduct is "worthy a physician," and what sort is "worthy a gentleman"! This sublime question has already presented itself to the *Philadelphia Medical Times* (allopathic), and that periodical comes promptly to the front with a suggestion that, in defining the ethical conduct to be expected of a physician and a gentleman, the society cannot do better than to adopt, as a standard, the code of the American Medical Association. This standard is the very thing the New Yorkers are trying to get away from, and, as the journal which offers the refreshing proposition has incautiously said wicked things about the New Yorkers and their code, the suggestion will doubtless be rejected with unutterable scorn. The necessity for some other definition of Dr. Roosa's standard will therefore be imperative.

This bi-metallic, double-headed standard will be likely to lead to dire confusion and uncertainty. Will it allow the members of the New York Allopathic Society to select one or the other horn of the ethical dilemma, or will it require them to attempt the task of being both allopathic physicians *and* gentlemen at one and the same time? If the latter, it will never be popular, and we greatly fear that it will depopulate the Society.

Suppose, for instance, Dr. Smith "discovers" that Hepar Sulph. calc. will prevent and check suppuration. If he does not acknowledge the homœopathic source of his "discovery," and the homœopathic character of his prescription, his act will not be "worthy a gentleman"; but, if he does, it will not be "worthy a physician," *i. e.*, an *allopathic* physician. In either case the Society will doubtless make haste to expel him. If Dr. Jones finds it convenient to incorporate whole paragraphs of "indications" from homœopathic works into his allopathic text-book, and say nothing about it, he will be found wanting under the "gentleman" standard; while, if he

does give the gentlemanly acknowledgment, his act will not pass the "physician" requirement. In either event, Dr. Jones, like the Chinese, "must go." When Drs. Brown and Gray and Green and Black and White and Dunn and all the others begin to imagine—as they will—that all medical wisdom and all professional honesty centre in *them* and in *their* school, and when they call themselves—as they do—by such terms as "regular," "legitimate," "scientific," etc., for the purpose of making themselves believe what everybody else disbelieves, *their* act will not pass either the gold or the silver standard. It will be denounced as a shameless counterfeit, a fraud, a lie. Because even an educated, stupid allopath knows that for any man to *think* he is more wise or more honest than his brethren is *unworthy a physician*, and to *say* so is *unworthy a gentleman*. Every one of these men will have to be disciplined; the Society will repudiate them one by one until the "last man," conscious of his own shortcomings, will erase his own name from the Society's records; the organization will be dead—deader than it ever dreamed homœopathy to be—and the American Medical Association will be avenged; and all because of the difference between a physician and a gentleman.

BACK NUMBER WANTED.—If any reader possessing a spare copy of this journal for August, 1876, (Vol. xii., No. 1,) will communicate with our business manager, he will confer a great favor.

Notes and Comments.

THE TELEPHONE IN CAMDEN, N. J., is now a familiar instrument in the offices of most of our homœopathic physicians, and they (the physicians, not the telephones) are longing for a wiry communication with the Philadelphia pharmacies.

BOERICKE & TAFEL'S TRITURATOR is figured and explained in *New Remedies* for January. We have seen it in operation, and consider that its combination of rotatory movement of the mortar and oscillating movement of the pestles, insures thorough admixture of drug and vehicle.

THE OHIO STATE MEETING.—Our Ohio readers should not forget their State Society gathering, in Columbus, May 8th and 9th. "All railways centring at that city will carry delegates at two cents a mile each way." From all that we hear the session will be a valuable one not only to the Ohio physicians, but to all the rest of us.

BERLIN PHYSICIANS AND HOMŒOPATHY.—In the August number of this Journal, 1881, page 338, we noticed the fact that the Berlin physicians had petitioned Prince Bismarek to prohibit the dispensing conducted by homœopathic practitioners. We now learn that Prince Bismarek has refused to do so.—*Chemist and Druggist*, March, 1883.

BOYCOTTING PHYSICIANS.—The *Louisville Medical News* publishes a list of the New York physicians who were active in sustaining the present code of ethics, and now impliedly recommends that the physicians of the South and West send no patients to these gentlemen, on the ground that they are dishonest, mercenary, and desirous of affiliating with and encouraging quackery.—*Medical Record*.

A COMPLIMENT FOR MASSACHUSETTS.—Dr. John W. Tripe, President of the Society of Medical Officers of Health, and Food Analyst for Hackney, England, in a paper on "The Importance of Teaching Hygiene in Schools," says: "The earliest chair for its teaching was founded in Massachusetts, in 1850, which State possesses at the present time a more comprehensive set of rules for the prevention of disease than exists in any part of the United Kingdom."

THE NEW YORK STATE HOMŒOPATHIC SOCIETY offers its bound volumes of *Transactions* for sale at the singularly low price of one dollar per volume. This offer includes all the volumes, from 1863 to 1879, with the exception of the volume for 1875 which is held at two dollars. A complete set, from 1863 to 1883, inclusive, can be purchased for twenty dollars. Dr. E. S. Coburn, of Troy, N. Y., has charge of the business. The volume for 1883 is just issued.

PEN-PORTRAIT OF PASTEUR.—The *Popular Science News* says that Pasteur, the French scientist, is a man of low stature, and powerful frame, spare, angular, and weather-beaten. He is a man of few words, abrupt but clear in speech, and of quick, impetuous gestures. Although his fame rests upon minute material research, he is a steadfast believer in spiritualism, and takes no interest in evolution theories or positivist doctrines.

HOW NOW.—A certain allopathic journal lately issued an exultant editorial over the discovery that, after a year's experience of homœopathy in the Denver Hospital, the managers of that institution had returned to the old-school belief. This journal may be pleased to know that, after a *year's experience of allopathy*, by a vote of four to one of the county commissioners, it was decided to return to the medical management of the homœopathic school of practice. The present director is, therefore, a homœopathist, although his bid exceeded one of the old-school candidates by \$200, and another by \$900. We trust that the journal which was so ready to note the change from homœopathy to allopathy, will be equally eager to make a note of the return from allopathy to homœopathy. The former had a fair trial, and was found wanting.

New Publications.

THE HOMŒOPATHIC DOMESTIC PHYSICIAN. By Constantine Hering, M.D. Seventh American Edition. Edited by Dr. Claude R. Norton. Published by F. E. Boericke, Philadelphia. 1883.

This pioneer book, which made so many converts to Homœopathy, appears now in new and elegant attire, ready to continue its usefulness.

Dr. Norton has carefully revised the text, and has added material from the 14th German edition, which Dr. Hering himself revised shortly before his death.

The publisher has spared no pains to reproduce the book in excellent type, paper, and covers.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, and of the LONDON HOMŒOPATHIC HOSPITAL. Published half-yearly. No. lvi., February, 1883. Price 2s. 6d.

These *Annals* comprise some cases of Pseudo-paraplegia, by Dr. Blake; twelve cases of typhoid fever, by J. Galley Blackley, M.D.; discussions on the same, and a separately paged appendix, presenting the pathogenesis of the acids. In this appendix, provings and cases of poisoning are given severally, and each in the order of its symptoms.

The clinical cases are very valuable, while the *materia medica* portion commends itself as indispensable to the rational study of drug effects. F.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES. By Lawson Tait, F.R.C.S. Fourth Edition, re-written and greatly enlarged. Published by William Wood & Co., New York, 1883.

This able work comprises much practical information. Beginning with the anatomy and physiology of the ovaries, and also their maldevelopment, the author treats seriatim of oöphoritis, tumors, cholecystotomy, hepatotomy, pelvic drainage, etc. The whole is illustrated with 35 cuts.

In the interesting chapter on anatomy, the author advocates the doctrine that at the time of birth, the Graafian follicles, if examined, would be visible to the naked eye. These follicles disappear later. Haussman suggests that, by over-exhaustion of the stock of the ova, sterility may result.

Menstruation and ovulation are regarded as "wholly distinct processes." The former is arrogantly denounced as a "curious and objectionable phenomenon for which no one has ever yet suggested a useful object" (p. 25.) This remark is as irrational as it is untrue. And it grows into sheer nonsense when, on the following page, the author observes "that it is only a matter of the chance of there being a ripe ovisac within the grasp of one or the other of the Fallopian tubes that true ovulation takes place, and there is a possibility of conception."

Believing that between small cystic ovaries and uterine hæmorrhages, there is an actual, though as yet unexplainable connection, Mr. Tait is a strong advocate of Battey's operation—only claiming privity for himself, he objects to calling it *Battey's* operation.

Excellent and forcible are Mr. Tait's strictures on the over-education of women. "To hear an elderly maiden," he says, "read a learned paper on mathematics may be gratifying, but it is qualified by regrets when we speculate on what superior children she might have produced if she had been a little less learned in books."

Mr. Tait is an avowed Darwinian, and uses his evolution theories to account for the existence of hermaphroditism. But as Darwinism is nonsense, what can be expected of theories thence deduced?

Chapter V. deals with the important subject of Ovariectomy, and if we were disposed to differ with the author in some of his theories, we are willing here, in view of his consummate skill, to preserve a respectful silence, or to open our mouth only in praise. After a bibliographical list, covering six and one-half pages, Mr. Tait gives the history and, with great detail, the

methods of performing ovariectomy. Objecting to antiseptic treatment, he proceeds, after a lengthy discussion of the germ theories, to tabulate one hundred and one consecutive operations "performed without any of the Listerian details;" and in this record we find but three deaths! F.

AN INDEX OF THE PRACTICE OF MEDICINE. By Wesley M. Carpenter, M.D. Published by William Wood & Co., New York. 1883.

So far as we have been able to examine this convenient book, it is an excellent epitome—terse, correct, small enough for the pocket, and comprehensive enough for every-day practice. Of the treatment advocated we have nothing to say. F.

THE SOUL AND THE BODY; a Sermon to Medical Students. By Rev. L. P. Mercer. Published by Gross & Delbridge, Chicago, and Otis Clapp & Son, Boston. 1883.

This little tract, written in its author's happiest style, is an exposition of 1 Cor. xv., 44. There is a natural body and there is a spiritual body. Its design is to set forth to students of medicine the truth that the soul is not an insubstantial, formless nothing, but a spiritual reality possessing form, and that it is primal in man's formation, and in his functional life.

In an appendix Mr. Mercer gives the doctrine of Swedenborg, and illustrates it by numerous quotations in the form of aphorisms, drawn from Swedenborg's theological writings, and also from his philosophical work on the brain.

The whole is a readable and instructive paper, calculated to raise the student's thoughts out of materialism, and to impart to him valuable information concerning the soul. F.

PAMPHLETS AND JOURNALS RECEIVED:

Advertiser's Hand Book. Pratt & Co., Philadelphia. 1883. A valuable list of all the dailies, etc., published in the United States.

The Asylum Index and Review. Lincoln, Illinois, February, 1883. In the interests of feeble-minded children. A good cause.

The New York Weekly Witness, March 22d, 1883. John Dougal & Co., New York.

The Sanitary News. Devoted to the subject of healthy homes and healthy living. G. P. Brown, Chicago, Illinois. One of our best exponents of sanitary science.

The Sanitarian. A. N. Bell, M.D., New York. Full of important news every week.

The Sanitary Engineer, New York. Improved very greatly of late.

The Scientific American, Munn & Co., New York. Familiar to all lovers of scientific reading matter.

Directory of Homœopathic Physicians in Pennsylvania, New Jersey, Maryland, Delaware, and the District of Columbia, by Dr. L. J. Knerr, Philadelphia, 1883. Globe Printing House, 112 N. 12th Street, Philadelphia.

The Crab, Ocean Beach, N. J.

Homicide and Suicide, by Dr. J. G. Lee, Coroner's Physician, Philadelphia, 1883. A pamphlet.

Science, a new weekly, published by Moses King, Cambridge, Mass. Contains valuable original matter, and a careful summary of general current scientific news.

The Chicago Saturday Express.

Justice, a weekly paper devoted to the workers of the world. New York.

The Interchange, containing information about books, periodicals, and articles on special subjects. Howard Challen, Philadelphia, 1883.

Hoyne's Annual Directory of Homoeopathic Physicians in Illinois, Indiana, Missouri and Wisconsin. By T. S. Hoyne, M.D., Chicago, Ill.

VICK'S FLORAL GUIDE. Rochester N. Y. 1883.

HIRAM SIBLEY & CO.'S SEED CATALOGUE. Rochester and Chicago. 1883.

ANNUAL CATALOGUE OF O. K. SEEDS. By J. A. Everitt, Watsonstown, Pa.

These three last mentioned brochures are full of information of value to one who is interested in garden, herbarium, or farm. In point of elegance, Vick's Guide is unequalled. But all three present a beautiful appearance, and can be relied upon, both in regard to range of prices and quality of seeds.

Cleanings.

INTESTINAL IRRITATION OF POTASSIUM AND SODIUM.—Potassium, according to the experiments of Dr. Nothnagel, applied topically, causes contractions of the intestines from irritation of their muscles; Sodium causes contractions from irritation of the nerves. This difference between the two substances is proved by the fact that in animals killed by breaking up the medulla, potassium acts on the intestines, but sodium either does not act at all, or loses its peculiar mode of action.—*Medical Record*.

SAFETY OF CHLOROFORM DURING LABOR.—It must have been frequently observed that women, during the second stage of labor, often exhibit unwonted strength, and possess a full, strong pulse. To use their own confiding expression, "strength is given" for the work. Dr. Fancourt Barnes, in accounting for the comparative innocuousness of Chloroform during labor, believes that it arises from the physiological increase of cardiac power during pregnancy. See *New York Medical Journal*.

THE LYMPHATICS IN SKIN COLORATION.—The peripheral lymphatics, according to Onimus, contribute to the changes of color of the skin. The lymph-spaces contain a translucent, pale-yellow fluid, which sometimes gives a light, opalescent coloration. If the lymph is abundant, the red color of the blood is thereby subdued, and the skin appears pale, as in the so-called lymphatic temperament. If it is scanty, red predominates. See *New York Medical Journal*.

THE THIRTEENTH CRANIAL NERVE.—The chorda tympani, according to dissections made by Dr. Sapolini, of Milan, is really a separate and distinct cranial nerve. Beginning at the calamus scriptorius, and advancing to the ganglion-geniculatum, he claims there is a nerve lying close to, but separate from the facial nerve. Dissecting from the chorda back to the geniculatum, he finds that this chorda is one and the same nerve as the so-

called nerve of Wrisberg, which latter is the continuation of the distinct nerve beginning in the calamus. Hence the chorda tympani is an entire and distinct nerve, a portion of which has been miscalled the nerve of Wrisberg.

The chorda is distributed to the muscles of the tongue, its filaments far surpassing in number those of the lingual, which supplies chiefly the superficial tissues of the tongue.

Supolini thinks that this so-called thirteenth nerve presides over speech by superintending the co-ordination of the lingual muscles.—*Philadelphia Medical Times*.

FOOD FOR INFANTS.—We desire to call especial attention to *Durham's Perfected Food* (see advertisement). Having used this preparation somewhat extensively during the past year, we feel confident that it can be depended upon whenever a cereal is needed as an article of diet. Rich in gluten, it supplies just what is useful for children who do not thrive upon milk alone, and for invalids who require nitrogenous food.

Like all preparations of the kind, it is best adapted to infants after their fifth or sixth month. Still, we have known it to act admirably in younger children, when used mixed with their milk. Instead of adding the moiety of barley, so often recommended when the child does not digest caseine, we now substitute a thin paste made of Durham's Food, say a tablespoonful to a nursing-bottle of ordinary size. By this procedure we secure the object for which the barley is given, and, in addition, an increase of nutritive material.—E. A. F.

CARDUUS MARIANUS, according to Dr. Lesenwitch, relieves hæmoptysis.—*New Remedies*, January, 1883.

PRUSSIC ACID, long known to exist in the juice of bitter cassava root, is also found in the sweet variety. Fortunately, in preparing tapioca, the acid, being volatile, is driven off from the starchy matter.—*New Remedies*.

FILARIÆ AS A CAUSE OF CERTAIN DISEASES.—A synopsis of the present views of the cause of chyluria, and of some diseases supposed to have the same etiology, such as elephantiasis, lymph-scrotum, some cases of leprosy, hæmaturia, phlebitis, furuncles, and hydrocele, is given by Dr. Charles E. Hackley, in a late issue of the *Archives of Medicine*.

Dr. Lewis has discovered small worms in the human blood. They were about $\frac{1}{5}$ of an inch long, and $\frac{1}{350}$ in diameter. From one to thirty were found in a drop. This worm he named *filaria sanguinis*; it had previously been discovered in the urine.

Dr. Manson found in the stomachs of mosquitos which had fed on a patient with filaria, from ten to one hundred and twenty specimens. He asserts that the mosquito (or at least a *certain* mosquito) does not digest *human* filariæ, but will digest those from dogs, which come from a different worm. Dr. Manson says: "The female mosquito, after gorging itself with human blood, repairs to stagnant water for the purpose of digesting the blood, and depositing its eggs. During this period, which lasts four or five days, the filariæ undergo remarkable changes. Subsequently, in a more perfect state, they escape into the water, and in this advanced stage they are conveyed into the human blood along with the water as drink."

To quote Dr. Lewis again: "When the insect is caught shortly after feeding, and the contents of its stomach examined microscopically, the hæmatozoa, if present, will be observed to manifest very active movements, which may possibly continue several hours on the slide."

Dr. Hackley goes on to say that these movements are like those of the common earth-worm when the angler is trying to put it on a fishhook; and

the filaria looks something like an angle-worm, but under a high power it shows a delicate filament or membrane projecting from each end.

When the filaria enters into the stomach with water its after development is unknown. Dr. Bancroft says, concerning the parent, that "the worm is about the thickness of a human hair, and is from three to four inches long. By two loops from the centre of its body it emits the filariæ, described by Carter, in immense numbers."

It is supposed that the mature worm is located somewhere in the lymph system, and that the filariæ found in the blood are embryos thrown off in immense numbers from this parent.

In a patient who had been in the New York Hospital for some time, the filariæ could be found only in blood drawn at night, and his case is not singular in this respect. If the patient sleeps by day, the habits of the filariæ are reversed. The attempted explanations of the phenomena are unsatisfactory.

It is thought that these filariæ are embryos, and do not propagate, but come either in immense broods, or by constant streams, from a parent worm, and this parent only enters the system by drinking water containing advanced filariæ in hot countries.

Dr. Lewis says: "Not only may these hæmatozoa, found in man, live for a period of more than three years, but there is no evidence that they have any tendency to develop beyond a certain stage, as long as they remain in the circulation."

MATERIA MEDICA NOTES.—*Myosotis*, which Dr. T. F. Allen declares identical with *Symphytum Officinale*, promptly relieved the following symptoms, for which it has been recommended by Dr. Funk: mucous râles, cough, emaciation, night-sweats, sputum muco-purulent, great prostration. The lady was nursing a bouncing big baby, and had been growing steadily worse for four months. She also had another symptom of catarrhal phthisis; the examining ear detected harsh expiration. Myositis^θ, three or four drops in a glass half full of water, two teaspoons administered every three hours, relieved steadily and apparently permanently.

Symphoricarpos Racemosas (berries), partially proved by Dr. S. P. Burdick, is recommended by Dr. E. V. Moffatt for qualmishness, with indifference to food, during pregnancy. In severe cases, there may be deadly nausea, the vomiting being continuous, with violent retching. Disgust at the sight, smell, or thought of food. Reflex gastric derangements dependent upon ovarian or uterine irritation.—*Medical Counselor*, January 15th, 1883.

Declatism is vigorously assailed by Dr. Lewis Sherman, in a paper on "Antiseptics," which appears in the *Medical Advance*. According to his experiments, the ratio of safe dose to total body of fluids, taking a 10 per cent. solution of Alcohol as the standard, is as follows: Alcohol, 1 : 70; Salicylate of soda, .05, 1 : 583; Quin. sulph., .05, 1 : 583; Potass. permang., .01, 1 : 1400; Carbolic acid, .05, 1 : 17,500 (!); Formic acid, .12, 1 : 29,166. Hence, Carbolic acid has only one two hundred and fiftieth of the relative power of Alcohol.

If Bastian's experiments are correct, it takes five pounds of pure Carbolic acid to kill bacteria in the human system. Declat's dose is one seven-thousandth part of the amount required.

Ewonymin, administered by Dr. J. A. Albertson, has cured several cases of albuminuria, thus confirming the clinical experience of Dr. Holcombe.—*California Homœopath*, January, 1883.

Viscum Album is useful in rheumatism, gout, neuralgia, etc.; worse, in cold, windy, stormy weather. *Sciatica*, tearing pains, shooting downwards; worse at night. *Epilepsy*, recent cases, and such as are not connected with mental disturbances. *Weak labor pains*, adherent placenta. *Hæmorrhages*, with violent, contractive, labor-like pains. Pains, periodic, from sacrum

into pelvis; worse in bed, with tearing in thighs.—Wm. Boericke, M.D., in the *California Homœopath*, January, 1883.

Passiflora incarnata has not been proved, but it has cured cases of tetanus in hot countries, where, unhappily, they are but too common. Dr. Archibald Bayne, of Barbadoes, W. I., reports two cures with the θ and 1^2 .—*Hahn. Monthly*, May, 1881.

Angustura is placed among aromatic bitters, and called a tonic; but it is more than this. It causes drawing, tension, and stiffness of muscles and joints, with bruised, sore feeling, as after a blow. This tension is marked enough in the temporal and masseter muscles to suggest trismus. The drug also affects the bones. There are points of resemblance between *Angustura*, and another of the Rutaceæ, the *Ruta graveolens*. Injury to periosteum frequently suggests the latter, and it is quite probable that injury with incipient muscular contractions may need the former.

Dr. Hering, who was fully aware of the confusion of *Angustura* with *Strychnia*, nevertheless reported a cure of tetanus with the former, and printed the symptoms thereof in his *Guiding Symptoms*. Dr. Hubbard reports a cure made with *Angustura*.—*Med. Investigator*, April, 1870.

That *Angustura vera* acts on the bones has been fully confirmed. *Ægidi* used it when the long bones were affected (see Raue's *Pathology*). Dr. C. G. Raue writes us that the preparation, with which he cured podarthrocace, was unquestionably the *Vera*. It was Jenichen's, and this manufacturer carefully distinguished between *Angustura vera* and *Angustura falsa*, or *Nucis vomice cortex seu Brucea antidysenterica*.

Dr. Aug. Korndorfer used Jenichen's 2^c for necrosis of the lower jaw. One side of the jaw had been successfully excised; but the disease made its appearance on the other side. The cure was complete.

Of the general characteristics of *Angustura*, we may refer to irritation from a slight offence (with caries). Craving for coffee (clinical, but confirmed by Dunham, Bönninghausen, and *Ægidi*). Tenesmus recti with soft stool. Urging to urinate, with copious flow.—(See case of Dr. Edmundson's, *Hahn. Monthly*, October, 1876.)

We cannot, then, quite agree with Dr. Hughes, who asserts that *Angustura* has no recognized therapeutical place.

SPUTA, colored from blood, become red; then, later, as the hæmoglobin is oxidized, reddish brown or rust-colored, yellow-red, saffron, yellow-green, grass-green. As biliary pigment may cause the green shades, we may discriminate, not by the usual tests for bile, which fail here, but by the presence or absence of duodenal catarrh, icterus, etc. The egg-yolk sputum, formed in weather when the expectoration is permitted to stand, owes its hue to the multiplication of the fungus, *leptothrix buccalis*. Rust-colored sputum is often absent in the pneumonic consolidations of typhus.

Prune-juice sputum is fluid, full of air-bubbles, frothy, and of a dark reddish brown color. *Gangrenous sputum* is fetid, of a dirty-gray hue, and contains crystals of fatty acids. It often stands in the vessel in three distinct strata: the upper, frothy, yellow-green, opaque; the middle, serous, clear; the lower, yellow, opaque, full of pus-cells, and "coves." This should not be confounded with the sputum of pulmonary cavities, for the elastic fibre in the latter expectoration is quite absent in the former, owing to the solvent power it possesses. The needle crystals, under the microscope, do not look like elastic fibre, unless, perchance, they be curved. In such a case, ether will dissolve them, which will not be the effect, if the slender threads are elastic fibre.

In cheesy degeneration, with cavities, the sputum is firm, opaque, yellow-green, or dirty-gray, and heavy enough to sink. It contains pus cells, detritus, and elastic fibres. This is the *sputum rotundum*.

Sputum crudum is mucus, which is full of bubbles, and clear. It is always poor in cellular elements.

Sputum coctum is firmer, globular often, and contains some pus-cells.

In the second stage of croupus pneumonia, the fibrinous clots contained in the sputa come from the termini of the bronchioles.

The foul odor of sputa is due, according to Laycock, to Methylamine, Butyric and Acetic acids.—See *Guttman's Physical Diagnosis*.

News, Etc.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY will hold its annual meeting in the Board of Trade rooms, Newark, on Tuesday, May 1st.

DR. B. W. JAMES has been elected President of the Medical Board of the Children's Homœopathic Hospital of Philadelphia, and also of the Hahnemann Club, in place of the late Dr. McClatchey.

THE WESTERN ACADEMY OF HOMŒOPATHY will hold its ninth annual session at Madison, Wisconsin, June 12th, 13th, and 14th. By order of the Executive Committee.

C. H. GOODMAN, M.D., General Secretary,
2619 Pine street, St. Louis, Mo.

HEART AND BRAIN DISEASES.—For the week ending March 24th, 1883, in the interment returns of Philadelphia, thirty-eight deaths were recorded for the various diseases of the heart and pericardium, and thirty-six for brain diseases, apoplexy, and paralysis.

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY will assemble in semi-annual session at the Van Ness House, Burlington, on Wednesday, May 9th. Charles A. Gale, M.D., of Rutland, is the Secretary. We hope the Society will kindly favor the HAHNEMANNIAN with another good paper for publication.

IMPORTANT DRUG EXPERIMENTS.—Dr. Hugh Pitcairn, of Harrisburg, Pa., is engaged in experimentations with an important class of drugs, the provings to be embodied in a paper for the Pennsylvania State Society. It is hoped that every physician to whom he sends a package of a drug will aid him in making these provings.

LOCATED.—Charles F. Goodell, M.D. (Hahn. Phila., class, 1883), at Ashland, Mass.

M. L. Vansant, M.D., has removed to 1122 Vine street, Philadelphia.

J. P. Iliff, M.D. (Hahn. Phila. 1883), is Resident of the Children's Homœopathic Hospital of Philadelphia. Address 914 N. Broad Street.

L. J. Olmstead, M.D. (Cleveland, 1883), has been appointed House Surgeon to the Huron street Homœopathic Hospital, Cleveland, Ohio, for the ensuing year.

HOMŒOPATHIC PROFESSOR IN THE MINNESOTA UNIVERSITY.—A correspondent at Minneapolis, Minn., writes us that at a recent meeting of the Regents of the State University, five members were appointed on the new Medical Faculty, in accordance with a recent act creating the same. W. H. Leonard, M.D., of Minneapolis, was elected Professor of Obstetrics and Gynecology—the only homœopathist on the Faculty. By an act of the last legislature, this Faculty are the censors of the medical profession in the State—the State Examining Board.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.—The regular meeting of the Society was held on Wednesday morning, February 21st, 1883, at the

Camden Microscopical Room, 46 North Third street. The President, Dr. M. B. Tuller, in the chair. The minutes of the previous meeting were read and approved, and after the transaction of other routine business, papers were read on "The Uses of Cantharis," by Dr. Wallace McGeorge, of Woodbury; "History and Removal of a Tumor from the Groin," by Dr. J. G. Streets, of Bridgeton; "A few Surgical Trifles," by Dr. E. M. Howard, of Camden, and "Herpes Zoster," by Dr. J. G. Streets, of Bridgeton. The paper and discussion on "Cantharis" will appear in this journal.

ERRATA.—In Dr. Erwin's paper on *Ozone*, published last month, the name "Schonheim," wherever it occurs, should read *Schonbein*. On page 131, line 1, "Kirite" should be *Kerite*, and on page 129, line 9, "ferrocyanide" should be changed to *ferricyanide*. The substitution of a single letter in the last-mentioned word, makes an important difference, as every chemist knows. The name of Professor Carus is printed Carns in two places in the same article.

We wish, just here, to reiterate a complaint so frequently made by printers and editors, viz., that *almost all* persons who write for the press bestow insufficient attention to their penmanship when writing *the proper names of persons and places*. In the names of Schonbein and Carus, mentioned above, a reference to the manuscript shows that the printer's mistake was the most natural thing imaginable. And this is true of the majority of misprints of this character.

THE ALUMNI ASSOCIATION OF PULTE MEDICAL COLLEGE met at the College building, March 6th, at 3 P.M., Dr. William Owens, Jr., occupying the chair, and Dr. C. A. Pauly, Secretary.

Dr. Stella Hunt delivered the annual address which was listened to with marked attention by all those present.

The following officers were elected for the ensuing year: President—W. H. Gachugan, M.D. Vice-Presidents—S. J. Beban, M.D.; M. R. French, M.D.; W. C. Pardee, M.D. Secretary—D. E. Beall, M.D. Treasurer—G. B. Ehrman, M.D. Executive Committee—C. A. Pauly, M.D.; A. Dewitt Crank, M.D.; Miss Stella Hunt, M.D. The meeting then adjourned to meet March 1st, 1884.

WARD'S ISLAND HOSPITAL, N. Y.—Dr. A. P. Williamson, Chief of Staff, reports 1012 patients treated at the Homœopathic Hospital, W. I., for February, with a death-rate of 2.4.

Among the interesting cases treated were the following:

Acute croupous pneumonia, 1; acute bronchitis, 7; acute articular rheumatism, 5; acute muscular rheumatism, 3; acute alcoholismus, 8; intermittent fever, 3; acute enteritis, 5; acute parenchymatous nephritis, 1; acute pericarditis, 1; aneurism abdominal aorta, 1; fractures, femur, 2; ribs, 5; Colles, 3; ulna, 2; superior maxillary, 1; fibula, 1; wounds, incised, 1; lacerated, 7; contused, 11; frostbite, 3; burns, 6; syphilis, primary, 3; secondary, 11; tertiary, 10; gonorrhœa, vaginal, 3; urethral, 4; chancre, 7.

There were also fourteen cases of traumatic and twenty of idiopathic erysipelas treated, with no deaths.

NEBRASKA STATE SOCIETY AND THE NORTHWESTERN ACADEMY OF MEDICINE.—The Joint annual meeting of the Nebraska State Homœopathic Medical Society, and the Northwestern Academy of Medicine will be held at Lincoln, on the 23d, 24th, and 25th of May. The morning of the first day will be taken up with the reading of reports and business incidental to the opening. The bureaus of Medical Education and of Obstetrics will report. The evening will be devoted to a public meeting, and an address by Professor T. C. Duncan, M.D., of the Chicago Homœopathic Medical College, on "The Philanthropic Influence and Scientific Position

of Homœopathy." On the second day the bureaus of Electro-therapeutics, Medical Literature, Clinical Medicine, and Surgery will report. After dinner, the bureaus of Materia Medica, Diseases of Eye and Ear, Anatomy, Physiology and Hygiene, and Disease of Children, will be heard from. In the evening a reception will be tendered to the visiting gentlemen by the physicians of Lincoln. The last day will be devoted to general discussions and unfinished business. Dr. G. H. Simmons, of Lincoln, is the Secretary of the Nebraska Society, and Dr. A. P. Haneholt, of Council Bluffs, of the Iowa Society. Dr. C. M. Dinsmoor, of Omaha, Neb., and Dr. B. F. Monroe, of Blair, Nebraska, are respectively the presidents of the Nebraska Society, and the Northwestern Academy of Medicine.

OPENING EXERCISES OF THE NEW BUILDING OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.—The building at No. 914, North Broad Street, which has been recently purchased and fitted up for the use of the Children's Homœopathic Hospital, of Philadelphia, heretofore located at the northeast corner of Eighth and Poplar streets, was opened with appropriate exercises on Wednesday evening, March 14th, 1883. The beautiful building was literally crowded with the friends of the institution and others who had been attracted by the published notices. The exercises consisted of an invocation by Mr. W. H. Allen, addresses by Dr. B. W. James, Rev. J. Henry Smythe, Joel Cook, Esq., James B. Roney, Esq., and by Rev. Richard Vallancy Dann, M.D., of Melbourne, Australia. Some choice music was furnished by a quartette, consisting of Miss Vinnie Kerr, Miss Fannie Keim, Mr. H. K. Gregory, and Mr. M. Harmer Brooks, with Mr. Frank Watson, organist of the Temple Presbyterian Church, as accompanist. All the proceedings were of the most pleasing character.

Before and after the more public exercises, opportunity was afforded those present to inspect the entire structure from cellar floor to cupola, including the large yard and the very commodious out-patient department, situated a short distance to the rear of the hospital building. The hospital will easily accommodate from forty to fifty patients, and all the wards are large, airy, well lighted, well warmed, and well ventilated. Every precaution designed to secure the best sanitary condition has been taken. Of these, however, we forbear to speak, as they will be more fully considered in a special paper now in course of preparation by the Chairman of the Medical Board, for the Philadelphia Medical Society, and which will shortly appear in these pages. Physicians from a distance visiting our city, are invited to inspect the hospital at any time.

ANNUAL COMMENCEMENT OF THE PULTE MEDICAL COLLEGE, CINCINNATI, O.—College Hall was too small to contain the large audience of the best people of Cincinnati, on the occasion of the Eleventh Annual Commencement Exercises of Pulte Medical College, on the evening of March 6th, and those who succeeded in gaining admittance were highly entertained by the interesting exercises. On the stage were seated a number of prominent citizens, Faculty of the College and Board of Trustees.

The graduating class numbered thirty-one, of whom three were ladies, as follows: E. M. Cook, Canada; I. K. Mott, A. E. Meadow, G. P. Kinsinger, Ohio; V. M. Mather, West Virginia; T. E. Bell, I. D. Snyder, Ohio; B. S. Partridge, New York; B. F. Long, Henrietta S. Beebe, M. B. Swisher, D. W. Batton, Ohio; A. A. Piatt, New York; J. H. Lowery, Arkansas; G. F. Day, Ohio; E. R. Freeman, Kentucky; J. B. Olmstead, Ohio; J. C. Daly, Arkansas; W. C. Capps, Oregon; J. C. Cartleish, Iowa; Belle C. Buchanan, J. D. Brandon, Ohio; Joseph T. Bryan, J. H. Cook, Kentucky; Mary Wolfe, W. C. Pardee, Ohio; A. C. Vose, Massachusetts; A. L. McCormick, George B. Ehrmann, E. C. Thompson, Ohio; F. De Witt Crank, California.

After music by Seidensticker's Orchestra, prayer was offered by Rev. S. K. Leavitt, and Dr. Buck, Dean of the Faculty, delivered a brief address.

The degree of the college was then conferred upon the candidates by Mr. C. O. Robertson. A. L. McCormick carried off the Faculty and Materia Medica Prizes, which were conferred by Drs. Walton and Owens. Dr. Crawford conferred the Physiological Prize upon Miss Clara Mackintosh, and Dr. Hogeman the First Clinical Prize upon Miss Belle C. Buchanan, the Second upon J. A. Bryan, and the Third upon G. H. Day. The Valedictory Address was delivered by A. L. McCormick.

The great literary event of the evening was an address by Professor W. H. Venable upon the subject of "The Evolution of the Doctor of Medicine." It was humorous, learned, and entertaining, and as relating to the work of the college and of the physician, thoroughly practical.

HOMOEOPATHIC HOSPITAL COLLEGE, OF CLEVELAND, OHIO.—The closing exercises of the thirty-third annual session of this institution occurred on the 28th of February. The following is the list of those upon whom the degree of M.D. was conferred:

C. B. Adams, I. J. Banghman, H. V. Beardsley, Mrs. R. B. Beach, C. A. Beach, G. W. Bond, C. Y. Brewer, E. B. R. Criswell, C. L. Cleveland, E. D. Covert, C. B. Dickson, C. D. Ellis, L. R. Finch, Mrs. M. A. Gault, De H. B. Gerrigues, R. S. Geares, Ch. Gangloff, G. E. Harrison, C. W. Hains, J. R. Horner, M. Kingsley, Miss K. I. Kelsey, J. King, B. E. Miller, J. S. Martin, A. L. Mitchell, E. H. Morrow, M. G. McBride, L. K. Maxwell, L. J. Olmsted, P. M. Ostrander, A. B. Phillipe, W. O. Phillipe, L. A. Pelton, G. H. Quay, A. P. Reeher, A. W. Reddish, E. J. Robinson, L. G. Rousseau, C. Schumacher, A. E. Stepfield, E. A. Shay, B. W. Stilling, C. W. St. John, Anna C. Smith, W. Steele, Miss L. Thorpe, Miss L. Toler, C. E. Ward, A. L. Waltz, C. A. Wilson, E. T. White, and T. A. Wilcox.

The class Valedictory was delivered by Dr. C. B. Dickson, A.B., of Westerville, Ohio.

The Dean's annual report showed that the institution is in a flourishing condition. The improvements in the college building have added greatly to the convenience and comfort of both teacher and student. The matriculation examination has been the means of noticeably improving the educational quality of the classes, as especially shown by the high general average sustained in the *quizzes* and final examinations. The averaged per cent. of the fifty-five graduates is 87.9.

Prizes were awarded as follows: Diploma of Honor, to Dr. C. A. Wilson, of Warren, Ohio. First Clinical Prize, to Dr. H. B. Garrigues, Massillon, Ohio. Second Clinical Prize, to Miss Pearl Starr, of Robella, Pa. Sanders Prize, to Dr. L. J. Olmsted, of Milwaukee, Wis. Jones Prize, to Dr. A. L. Mitchell, Wellink, N. Y., and a special prize, offered by Professor Biggar, was awarded to Dr. C. L. Cleveland, of Cleveland, Ohio.

Floral offerings were presented in profusion by the friends of the graduates, and after the close of the exercises at the church, the class was tendered a complimentary banquet at the Forest City House.

HAINEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The thirty-fifth annual commencement of this institution was held in the Academy of Music on Tuesday, March 13th, 1883. The musical portion of the programme began at 11 o'clock A.M., and the commencement exercises proper at 12 o'clock. The vast auditorium was crowded with the friends of the candidates and of the college, the ladies being as usual in the large majority.

Prayer was offered by Rev. Jacob Todd, D.D., of the Green Street M. E. Church, after which the valedictory to the graduates was delivered by Professor John E. James, M.D. In the course of his address, Professor James spoke in appropriate terms of the loss the class, the college, and the profession had sustained in the death of his colleague, Professor R. J. McClatchey,

of his character as a man, as a physician, as a teacher, and in all his personal and social relations, and especially of his devotion to the interests of his profession, holding him up as an example which all physicians might well follow.

At the conclusion of the address, the President of the College, William McGeorge, Jr., Esq., conferred the Degree of Doctor of Medicine and Doctor of Homœopathic Medicine upon the successful candidates, fifty-two in number. The following is a list of graduates:

Herbert E. Aldrich, Philadelphia, Pa.; W. Carey Allen, Albion, N. Y.; J. Monroe Beyer, Philadelphia, Pa.; Benjamin F. Books, Mifflintown, Pa.; Edward William Brickley, York, Pa.; Clarence M. Brownell, West Eaton, N. Y.; Henry Chandlee, M.D., Baltimore, Md.; William Benson Clowe, Walla Walla, Wash. T.; Newton Morse Collins, Rose, N. Y.; John Ege, Reading, Pa.; James Allen Fetherolf, M.D., Slatington, Pa.; Charles H. Giles, Philadelphia, Pa.; C. F. Goodell, M.D., North Brookfield, Mass.; William A. Haman, Reading, Pa.; Frank S. Hedger, Walla Walla, Wash. T.; Charles H. Hubbard, East Chatham, N. Y.; J. Pearson Iliff, Kennett Square; Alpheus V. D. Irving, Germantown, Pa.; Elgar Janney, M.D., Washington, D. C.; D. Howard Johnston, Philadelphia, Pa.; Henry Guernsey Jones, Darby, Pa.; A. Lincoln Kistler, Allentown, Pa.; David C. Kline, Sunbury, Pa.; Peter L. Kreiss, Sellersville, Pa.; Philip J. Langer, Philadelphia, Pa.; John W. Leckie, Jeanesville, Pa.; Elmore W. Le Roy, Elmira, N. Y.; Hiram L. Lewis, M.D., Baltimore, Md.; F. Morton Long, D.D.S., Philadelphia, Pa.; Harry M. Lufkin, Normal, Ill.; Daniel Parish Maddux, Chester, Pa.; John L. McGregor, D.D.S., Whitefield, N. H.; Albert McWayne, Honolulu, H. I.; Frank B. Mickle, M.D., Baltimore, Md.; Charles C. Morrison, Mariaville, Me.; Clarence H. Mulford, M.D., Fairton, N. J.; Ferdinand C. Pfefferkorn, Lawrence, Mass.; Louis Plumer Posey, Philadelphia, Pa.; Lemuel M. Roberts, Glendale, O.; Joseph H. Satterthwait, Jr., Oxford Valley, Pa.; Upton A. Sharets, Bruceville, Md.; George W. Stewart, Philadelphia, Pa.; John J. Sturgis, Washington, D. C.; Nathan G. Reiff, Pottstown, Pa.; Amos Ogden Taylor, New Florence, Pa.; George Willis Titman, Bridgeville, N. J.; H. Page Ustick, Washington C. H., O.; Louis Plette Wolley, Coatesville, Pa.; John P. Walter, Altoona, Pa.; Willis P. Weaver, Lockport, N. Y.; Harry K. Weiler, Delanco, N. J.; C. Edwin Wright, Philadelphia, Pa.

The two prizes, offered by Dr. Talcott for the best synopses of his course of lectures on "Insanity," were conferred, the *first* (a prize of \$30), upon Daniel P. Maddux, of Chester, Pa., and the *second* (a prize of \$20), upon J. Pearson Iliff, of Kennett Square, Pa. In connection with the awarding of these prizes, an unusual incident occurred. Dr. Maddux, upon receiving the prize, requested that it be handed to Dr. Reuben Owen, of Philadelphia, the father of Mr. Elbert I. Owen, the student who lost his life while bathing during the summer of 1882, and who, had he lived, "would, beyond doubt," as Dr. Maddux expressed it, "have secured the prize, since *his* synopsis, last year, was superior to any other." It was afterwards learned that Mr. Maddux, knowing that Mr. Owen fully expected to compete for the prize this year, determined, after Mr. Owen's death, to secure it himself, if possible, in order that he might thus honor the memory of his friend.

At the request of the graduating class, gifts of flowers were not received, but a large number of presents of more durable and substantial character,—books, cases, surgical apparatus, etc., were distributed amongst the newly-made Doctors of Medicine. The audience then departed, and, within a few hours, most of the graduates had left for their homes.

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Original Department.

THE RELATION OF OCULAR AND GENERAL DISEASES.

BY W. H. WINSLOW, M. D., PH. D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of Allegheny County, Pa.,
April 13th, 1883.)

THE fundamental structures of the eye are an outgrowth from the brain.

The eye contains the termination of an artery and the radicles of a vein, which show the blood in active circulation.

The optic nerve appears as a reddened moon in the fundus, and, from its edge, the nerve fibres spread out like the spokes of a wheel, and form the thin delicate retina.

The primary branches of the retinal artery, where they leave the optic disk, are about $\frac{1}{100}$ of an inch in diameter; the terminal divisions become smaller and smaller, as they approach the ora serrata, and diminish to $\frac{1}{700}$ of an inch in diameter.

The veins are generally from one-quarter to one-third larger than the arteries, but the relative size depends upon the greater or less number of branches in the two systems, and upon certain diseased conditions.

These vessels are mostly invisible in ordinary light, but with the ophthalmoscope even the smallest of them come plainly into view. It is not the vessels themselves that are seen, but the columns of blood which fill them. One can occasionally detect an extremely delicate white line, bordering the larger blood-columns, which is the wall of the vessel and the sheath of retinal tissue that surrounds it.

When an artery crosses a vein on or near the disk, or there is some disturbance of circulation, a pulsation of one or both vessels may be noticed. Otherwise the vessels seem full all

the time, and no movement of the blood-columns is perceptible. This pulsation is occasionally noticed as a subjective symptom. The individual sees before him a rhythmical appearance of a bluish-black cloud, which comes and goes so rapidly that he thinks a mouse has run across the floor, or a blur has occurred in the eyes from a passage of mucus over the cornea. It is perceived only when looking upon a plane surface; the presence of many irregular objects in the field of vision efface it. The apparition is ridiculed by the unthinking, and ascribed to nervousness.

The retinal vessels have very little connection with those of the optic disk or choroid coat. The choroid is supplied by the ciliary vessels, and the optic disk by capillaries from their branches, but the latter anastomose in the nerve with a few twigs from the central retinal artery.

The reddened fundus of the eye is tinted by the choroidal network of vessels beneath the retina, and the vessels of the latter meander over it in the nerve-fibre layer. The degree of redness in the choroid is rarely decidedly affected by cerebral and systemic changes of circulation, because of anastomoses between the posterior and anterior vessels of the eyeball.

It would be rash to affirm anæmia or hyperæmia of the choroid from extra-ocular causes unless quite a series of observations had been made upon the patient by the oculist. The degree of vascularity of the choroid is not considered as casting light upon the diagnosis in post-ocular and systemic disorders and diseases.

It is different, however, with regard to the optic disk, and the retinal vessels proper. The supply of blood in the capillaries of the disk is of great significance in regard to the health or disease of the nerve and the brain.

The condition of the nerve fibres, the plane of the cribriform fascia, the depth of the cupping, the position of the retinal vessels, the appearance of the margin of the disk, are all important in determining health or disease in the eye, the optic nerve, and often in the cerebro-spinal system.

The retinal vessels and the area of the retina supplied by them furnish symptoms which are very significant of disease in the eye, brain, and general system. The degree of vascularity changes relatively and absolutely in many functional and organic diseases, and alterations in the retinal functions and structures sometimes correspond.

Here then is a portion of the nervous system, and a small area of the vascular system, directly exposed to ophthalmic

scopic examination. The story which they can tell in regard to disease is interesting and important, yet how few practitioners ever think of reading it. Scientific men are laboring and experimenting continually to illuminate interior organs in order to read the story of suffering recorded in altered nuclei and cells. How great a boon might be conferred upon some sufferers, could one look in upon the lung-cells, the lobules of the liver, the cortex of the kidney, or the ventricles of the brain. Should then this pretty intra-ocular branch of the vascular tree be neglected, this expanded outgrowth of the brain be ignored?

Very many diseases of the body are attended by changes in these parts, and these ought to be considered, because they throw light upon etiology, clear up diagnosis, help to establish prognosis, and aid in a rational treatment.

I present a few data of observation: The retinal arteries are dilated in fevers, cardiac excitement and disease, and in exophthalmic goitre. They are contracted in anæmia, syncope, embolism, cholera, malarial spasm, quinine poisoning, hæmorrhage, obstruction, kidney disease, post-ocular tumor, and in some intra-ocular diseases.

The retinal veins are dilated in anæmia, leucocythæmia, cyanosis, hæmorrhage, thrombosis, rapid increase of intracranial pressure, cardiac excitement and disease, exophthalmic goitre, pulmonary obstruction, and some intra-ocular diseases. They are contracted in syncope, quinine poisoning, and some intra-ocular diseases.

The arteries pulsate from pressure, anæmia, cholera, hypertrophy of the left cardiac ventricle, and aneurism of the aortic arch. The veins pulsate from pressure, cholera, aortic regurgitation, and increase of intra-ocular tension.

The end of the optic nerve may show congestion, congestion with œdema, and congestion, swelling, and effusion of plastic lymph.

On the contrary there may be anæmia; white or gray atrophy, partial or complete; and deep abnormal cupping.

The retina is subject to various pathological changes. There may be white dots or patches, striated or massed hæmorrhages, pigmentary deposits, and detachment.

It is impossible in a brief paper to refer to all the diseases of the body which cause changes in the eye. I shall mention only a few, which are common to the general practitioner, that he may recall cases to corroborate the facts I present.

Disease of the vascular system is often accompanied by eye

changes. The retinal arteries occasionally show little aneurisms along their course, which are indicative of like affections of the cerebral vessels, and danger of apoplexia. The coats are sometimes thickened, fatty, and calcareous, but these changes can rarely be detected by the ophthalmoscope.

Aneurism of the arch of the aorta, and of some of its primary branches, can frequently be confirmed by pulsation of the retinal vessels.

Heart disease exercises a marked influence upon the retinal circulation. Cardiac excitement causes dilatation, fulness, and sometimes pulsation of the retinal arteries and veins. Valvular disease of the heart induces much the same disturbance, but the fulness and pulsations are more marked, especially when there is, as usual, some hypertrophy of the ventricles. Endocarditis, acute or chronic, besides producing these manifestations, is responsible for a graver ocular disease, called embolism. A minute granular or fibrous vegetation is broken off of a valve or chorda, and washed by the blood current into the retinal artery, where it obstructs the vascular flow partially or entirely, causing anæmia of the retina, contraction of the arteries to mere threads, considerable shrinking of the veins, and sudden loss of vision.

This accident has happened and a diagnosis of heart disease been made, and afterwards proved, when it was impossible to discover any heart affection by the usual methods of examination.

Kidney disease is frequently accompanied by eye changes. Sudden diminution, or loss of sight occurs in uræmia. In Bright's disease there is an early spasm of the arterioles, which may sometimes be recognized in the retinal arteries. These are often reduced to one-half or one-third their normal size. Aneurismal dilatations may be present, accompanied by sclerosis of the outer arterial coat, and striated or patchy hæmorrhages in the retina. The veins are of average size, or enlarged and tortuous. Small pearly spots of degeneration of retinal fibres appear around the macula; opaque clouds and patches are seen in the retina from œdema and effusion of plastic lymph; the vessels are often obscured by these, and the disk presents the usual symptoms of neuritis.

These graver symptoms are seen in the advanced stages of kidney disease, and are found in about thirty-three per cent. of the cases.

Diseases of the spinal cord are frequently preceded or accompanied by pathological changes in the optic nerve. Acute

and chronic myelitis are likely to be attended by congestion of the optic nerve, which may increase until a true optic neuritis supervenes, characterized by effusion, swelling, and loss of sight. The ocular changes have occasionally been present, when the spinal symptoms were absent, very insignificant, or quite decided.

Insular and lateral sclerosis of the cord are occasionally attended by atrophy of the optic nerve, but it is in posterior sclerosis, or locomotor ataxia, that this grave affection is most commonly found. Atrophy may be preceded by slight congestion of the disk, which often escapes the physician's notice, but there is no doubt that many cases occur without any antecedent congestion. The end of the nerve loses its pink color gradually, and becomes bluish or dirty white; there is, with this, progressive limitation of the visual fields, shrinking and loss of the color fields, and increasing amaurosis. The nerve-fibres undergo fatty degeneration and shrinking, the disk becomes nearly bloodless, the color grayish, bluish, or dead white, and total blindness ensues. The relation between the spinal disease and the eye lesion can not always be traced in continuous morbid tissue, but the connection between locomotor ataxia and optic nerve atrophy is remarkable. Many cases of blindness from atrophy are noticed before a spinal symptom can be discovered; a few present the symptoms of ocular disease and spinal sclerosis coincidently; and, rarely, the spinal symptoms precede or are unaccompanied by optic nerve disease. At least one half of the cases of primary gray atrophy are accompanied sooner or later by locomotor ataxia. Charcot affirms that all cases finally present the lesions of the two widely separated nervous structures.

Disease of the brain and its membranes is frequently attended by ocular changes of more or less gravity.

There may be partial atrophy of the axial nerve-fibres, of the peripheral fibres, or of those passing through one-half the disk. In the first instance, there will be a central scotoma, or dark spot, before the eye; in the second, the field of vision will be contracted around the periphery, generally in an irregular manner; in the third, one-half the field will be lacking.

The most common affection of the optic nerve from cerebral disease is optic neuritis. There may be simple congestion of the disk, with very little swelling; severe congestion, slight effusion, and swelling, neither attended by loss of vision; and great congestion, effusion, swelling, hemorrhage, contracted arteries, enlarged, tortuous veins, and abolition of vision.

Any one of these acute conditions may be followed by secondary atrophy, and complete, permanent blindness.

Almost any disease of the contents of the skull may cause these eye conditions.

Meningitis is a most common cause of the acute affections of the nerve. This may be from local accident and injury, from acute congestions, and tubercular or syphilitic deposits.

Abscess, disease of vessels, cerebral softening, apoplexia, increased pressure, hydrocephalus, hydatid tumors, and morbid growths in general, cause more or less congestion of the brain and its envelopes, which may excite disease in the optic nerve.

Blows upon the temple cause an acute optic neuritis, ending in atrophy and blindness. Neuralgia occasionally induces severe neuritis and atrophy. When it is severe in the supra-orbital nerve, and vision declines, there is great danger of the subsequent loss of sight. Syphilitic gummata form upon the coverings of the brain, and in the iris, and, with the danger from the iritis, there is, also, liability to optic neuritis, from hyperæmia of the cerebral tissues where they have originated.

Tubercular formations upon the cerebral membranes excite local irritation and hyperæmia, which extends by continuity of tissue to the optic nerve. The cerebral symptoms are often not diagnostic, and an ophthalmoscopic examination will throw much light upon a case. One-third to one-half the cases of tubercular meningitis show pathological changes in the eye.

Hydrocephalus may excite meningitis and this cause acute neuritis, or the fluid that accumulates in the third ventricle may press upon the chiasm, and set up a morbid process, that extends backwards along the tracts and forward along the optic nerves, resulting in atrophy and loss of vision.

Tumors in the calvaria increase the pressure, cause irritation and hyperæmia, and sometimes excite meningitis and cerebritis. Any of these conditions can exist in a mild degree, and inaugurate pathological changes in the optic nerve. The neuritis may affect only one eye, but is generally double, and it is often present before the cerebral symptoms have excited attention.

Statistics show that at least *four-fifths* of the cases of cerebral tumors are accompanied by optic neuritis.

The course of the neuritis has some bearing upon the growth of the tumors. A mild, chronic neuritis indicates a slow growth of the tumors. Subsidence of a neuritis accompanies a cessation of growth of the tumor. A neuritis that comes on long after the cerebral symptoms have become prominent warns of approaching death. Some other facts are worthy of notice in

this connection. Disease of the optic nerve will often indicate the location of a cerebral growth. If the right half of the visual field is lost, it is probable that the left optic tract is affected; if the left half, the right tract; if the outer half of each field is blank, the anterior portion of the chiasm is injured; if the inner half, the posterior portion; if the left eye is blind and the right half of right field is annulled, the left tract and anterior chiasm are destroyed, etc.

The facts I have presented show the importance of a careful examination of the eyes in many cases of general disease. Enough has been said to prove, that specialism in medicine is a necessity, and that its fruits may prove of the greatest value to both patient and physician.

DISCUSSION.

DR. WILLARD: Did I understand you to say that in all cases of locomotor ataxia the eye shows some signs of disease?

DR. WINSLOW: No, sir! The large majority do sooner or later.

DR. WILLARD: I have a young man now, twenty-one years of age, under my care, in whom the symptoms of locomotor ataxia appeared when he was nine years of age. The disease has been at a standstill for some time. He has the will to walk, then the head and body incline forwards and he moves around, dragging the limbs along in a shuffling manner. He is a great reader and commits whole pages and chapters to memory. There is no impairment in the sight. I have not examined the sexual organs. His mother has been bedridden for years.

DR. MARTIN: My attention was called to the statement, that in about one-third of the cases of albuminuria, or rather Bright's disease, there are optical changes and defects. It may be that my experience has been exceptional, but in the cases under my own observation, there was only one in which there was any complaint or any apparent defect in the vision. In this case there was at times an entire, but temporary, loss of sight and always a difficulty in vision.

DR. WINSLOW: The pathological changes occurring in the eye in Bright's disease do not, as a rule, occur early, yet the fact remains that many times patients are suffering with disease of the kidneys, and that in an advanced stage, without the trouble being suspected until they apply to the oculist for their failing sight. I can recall three cases of this kind in which there was no suspicion of kidney trouble, and yet an ophthalmoscopic

examination showed advanced albuminuric retinitis. One of these patients died within three months of the time that the kidney trouble was detected. Another one came into the office to have glasses fitted, complaining only of a "tired feeling," so far as subjective symptoms were concerned, and yet an examination showed an advanced stage of albuminuric retinitis. I think the case cited by Dr. Willard may not be one of locomotor ataxia, or if so it is exceptional. Locomotor ataxia is a progressive disease and ends in death. The quiescent state of this case would lead me to doubt the diagnosis. Many other diseases occur, which might interfere with motion; as lateral and disseminated sclerosis, spinal meningitis, hæmorrhage into the cord, etc.

DR. J. B. McCLELLAND: When you detect these changes in the eye, is the patient, as a rule, beyond help?

DR. WINSLOW: Such is the opinion of the best authorities. I saw a case a few months ago, for Dr. J. H. McClelland, in which the pathological changes in the eye were very great and I did not think the patient would live a month. Eight months have passed and I understand she is improving rather than failing. Another case, in which the vision was reduced to counting fingers, and there were present general œdema together with extensive changes in the eye, recovered; not, however, under the care of the physician with whom I saw the case.

DR. MILLER: Would the urine show changes coincident with those of the eye?

DR. WINSLOW: Yes. The changes in the urine, however, generally precede those of the eye. I examined one case in which there was hæmorrhage into the retina of one eye. I gave the case a very careful study, but could not detect any trouble except slight excitability of the heart's action. I examined the urine for albumen, but could not find any traces of it. Letting the urine stand over night I found under the microscope some tube-casts. My diagnosis was contracted kidney. The man afterwards got better. In regard to the relation between locomotor ataxia and atrophy of the optic nerve, I saw one case in which this atrophy came on without any apparent cause, except it might be from the use of a lead hair-dye, to which the patient had been addicted for twenty-five years. He became blind; a year later he complained of numbness of the feet, and then the lower limbs became paralyzed. In another case, in which the patient used three-fourths of a pound of smoking tobacco per week, there was atrophy of the nerve, loss of one-third of vision, with numbness of the feet. I or-

dered him to stop the use of tobacco, and put him under treatment. The disks are now of a better color, vision has considerably improved and the numbness has disappeared.

DR. WILLARD: In the case mentioned by Dr. Winslow a moment ago, I think there is a brain complication, probably softening. He is irritable and cross, a condition very different from his former disposition. He also shows some other cerebral abnormalities. There were no acute symptoms preceding his present condition. He can move his limbs to some extent.

(T. M. S.)

WHAT TO DISSECT.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the New Jersey State Homœopathic Society.)

To the average medical student, anatomy is a difficult, uninteresting, and extremely disagreeable study. To the general practitioner its knowledge is prone to be of that evanescent kind, which easily escapes from the memory, and which requires constant prompting to render it of any available use. The ambitious student at the outset of his studies sets before himself the ideal of that celebrated French surgeon, who required his pupils to name every tissue severed by a knife-thrust into any given part. But however well this may be accomplished for purposes of examination, a few years of practice will soon consign much of such technical knowledge to oblivion. So far is this true that very few physicians, five years after graduation, could pass a creditable examination in this subject. Even surgeons seldom undertake a capital operation, without at first attempting the same upon a cadaver.

To explain why this most important and fundamental branch of all medical knowledge remains such a *bête noire*, and to suggest a remedy for the evil, is the object of this paper.

Nothing is ever learned well that is learned but once. It is only by constant repetition that anything can be thoroughly memorized and retained for subsequent use. The scenes of our childhood days are never effaced, while thousands of scenes observed in later years leave but a trifling impression. We do not devote enough time to the study of anatomy, neither do we impress the subject by numerous and careful dissections. We commit to memory from textbooks; we cram for examinations, but we learn little from actual observation. The surroundings of the dissecting-room are not such as to invite protracted visits. The claims of other studies must be

granted. The student who is making his first dissection, is very much like a man who has lost his way in the woods, he sees little but the trunks of trees, and is chiefly concerned to get out as soon as possible. Even to memorize the names of muscles alone, requires more than one dissection. How, then, can the student devote himself to a thorough study of relationships without repeated dissections?

Is there then a remedy? Can anatomy be so learned that it will not be forgotten? Can *any* of its disagreeable associations be removed? I think the answer is yes. The remedy plainly lies in a multiplicity of dissections. He who many times dissected and traced to its origin and insertion the deltoid or the sartorius or any other of the human parts, is the one who will remember well, and who will be the last to discard anatomy as dry and uninteresting. After a few well-directed attempts he will notice more of the surroundings than of the muscle itself, and thus will make his knowledge more practical. In this way he will soon become so familiar with structures as to be able to recognize them by the sense of touch alone. But so much labor is impossible in a two or three years' medical course. It is evident, therefore, that the foundation of anatomical knowledge must be laid before the student enters college. As human cadavers are not readily attainable outside of colleges, the student must needs look for some substitute. Can such a substitute be found? If so, it must present the following qualities: First. Its muscular development must not vary greatly from the human. Secondly. It must be an animal, cheap in price and easily obtainable. Thirdly. It must not be an animal of large bulk. Apes and monkeys answer the first and third of these requirements, but not the second. Dogs are plentiful enough, but they are so diverse in origin, that the muscular development of no two is alike. Fortunately, Providence has furnished us with a domestic animal which does completely meet all requirements. I mean the domestic cat. It is readily obtained at all times and in all places. Its cadaver is of convenient size, and its muscular development is closely allied to that of man. He who has never made a dissection of this animal, cannot realize how closely its structure resembles that of man. The study of comparative anatomy has not been sufficiently encouraged by the medical profession in modern times. In Galen's age all that was known of this subject was derived from a study of the lower animals. It is a mistaken idea which many medical men have that such dissections are belittling to the profession.

Hitherto, the one great obstacle in making feline dissections was the lack of any suitable work to guide the student in his studies. There has been but one complete work on cat anatomy written. Its author was the distinguished French scientist, Straus Durkheim, who devoted a lifetime to the anatomy of this animal. This work is very expensive, is published only in French, and is, therefore, unavailable to most medical students. Some years ago I set myself to the task of making a suitable translation, but as the work progressed, so many glaring mistakes of homology became apparent, that it was found not to be worth the translation. I then began a series of dissections with the view of producing a new work which would meet this long-felt want. I desisted from this, however, upon learning that my friend and former teacher, Burt G. Wilder, professor of comparative anatomy in the Cornell University, together with Professor Gage, had begun such a work. That work is now for sale, and should be in the hands of teachers, preceptors, and students.

I desire to earnestly urge upon the profession the encouragement of such preliminary study among their students. The way is now opened for the novice to become thoroughly acquainted with anatomical technology by dissections which can be performed at home, without discomfort or expense. The grand result of such preliminary preparation will be, that when such a student enters for the first time the college dissecting-room, it will be with intelligent eyes and skilful fingers. Anatomical terms will be as familiar as A, B, C, and he will be enabled to direct all his energies at once to the study of regional and surgical anatomy.

THE BACILLUS QUESTION.

[The following is an extract from an address delivered before the Hahnemann Club of Philadelphia, on the occasion of its annual Reunion on Hahnemann's Birthday, April 10th, 1883, by Bushrod W. James, M.D., President of the Club.]

MEMBERS OF THE HAHNEMANN CLUB.

Hitherto it has been the custom of the President of this organization to prepare an annual address. But this year the Society, not wishing to have a public reunion, I, as a newly-elected officer, have abandoned the old plan, and have informally invited this little gathering to celebrate Hahnemann's birthday. Each member has invited a medical friend to meet with us, and the entire staff of the Children's Hospital has likewise received an invitation. All will feel free to join with

us in the various exercises of the evening. For my share of the evening's work I offer you some extracts from the various journals on the absorbing subject of the hour,—the *Bacillus* question.

The Bacillus of Glanders.

The *Medical Press*, as reported in the *Quarterly Compendium* for April, says that in examining microscopically, in the Imperial Health Office, Berlin, sections from the cadaver of a horse killed on account of glanders, Dr. Löffler and Professor Schütz discovered a delicate rod about the size of a tubercle bacillus. This they cultivated for four generations. A small quantity of this was inoculated into the nasal mucous membrane and into the shoulder of a healthy old horse. Forty-eight hours afterwards he became feverish, and ulcers developed at the site of inoculation, from which knotted lymphatic cords could be felt running to the tracheal and withers glands. In about eight days the horse presented all the appearances of a typical case of glanders. After recovery the animal was killed, and sections were taken from the enlarged glands, which contained bacilli. These, in turn, were subjected to "pure" cultivation for four generations, after which rabbits, guinea-pigs and mice were inoculated. In some of these, however, results were negative. Afterwards, two healthy horses were inoculated with the purely-cultivated bacilli. They became infected, and post-mortem examinations revealed the characteristics of glanders.

Detection of the Bacilli of Tubercle in the Breath.

Dr. R. Charnley Smith, in the *British Medical Journal*, contributes some information concerning the detection of the bacilli of tubercle in the breath of consumptives. At frequent intervals during the day, the patient breathes through two thin sheets of pyroxylin, or fine cotton, one layer in front of the other, and both of which are placed in the outer compartment of an ordinary "pepper-duster" respirator. "The layer of cotton, when so arranged, will act as a double filter, the external layer removing from the in-going air all suspended particles, such as dust, microfungi, pollen, starch, etc., which are more or less present in it, and which it is desirable to exclude; that portion of the cotton which has been next to the mouth at the same time retaining those only existing in the out-going current, and which have been emitted from the lungs, viz., micrococci, bacilli, and some epithelial cells. It is in the latter layer only that I look for the organisms peculiar to

this disease. This I do by converting the pyroxylin into gun-collodion by means of a mixture of ether and spirit. Every vestige of cotton-fibre is dissolved in the above menstruum, but other organic particles remain suspended in it. To render the bacilli manifest, my plan is to pour the thin collodion thus formed on a microscope-slide and allow the fluid to run uniformly over the surface of the glass, then immediately placing the latter on one of its edges, that only the merest film of collodion may remain on the glass; the thinner the film produced, the more successful will be the experiment. The film is to be stained. This may be done by one of the methods well known to the profession for staining tuberculous sputum, such as that of Ehrlich or Heneage Gibbes."

Prognostic Value of the Tubercle Bacillus.

The current issue of the *Quarterly Compendium* reports a paper read by Dr. G. A. Heron before the Society of the Medical Officers of Health. Having given especial attention to the clinical aspect of Koch's discovery of the bacillus of tubercle, sixty-two patients were examined in whose sputa the bacillus was detected. In two of these cases the bacillus was found in the third week, and in one, in the seventh week. His experience inclined him to the belief that the presence of these organisms in the sputum is of value in prognosis. If but few bacilli exist in the sputum during a period of several weeks, such a case will probably run a long course; if, however, they are present in large numbers, early in the course of the disease, the case will soon end fatally. In cases rapidly fatal the bacilli are grouped in numerous masses. Three or four bacilli in a field may be regarded as a small number; but thirty or more constitute a large number. Koch found inoculation of dried sputum as surely fatal as that of cultured bacilli. If his views are correct, the expectoration of a consumptive probably always contains a virulent poison, easily communicable from person to person.

The Bacillus of Measles.

The *Medical and Surgical Reporter* has a reprint from the *British Medical Journal* concerning the bacillus of measles. According to M. Le Bel, of the Académie des Sciences, the bacillus is found in the urine in the early stages, and disappears with the fever. It is a slightly-curved, highly-refractive rod, moving very slowly. At one-third of the length of the

body, in a bag of dead protoplasm, are oval spores, which gradually disappear, leaving merely a zone of mucilage. Another occurrence of spores on the thirty-fifth day was observed in an adult. The bacillus may be obtained also from the skin in the later stages. M. Le Bel cultivated it and injected it into a guinea-pig, which, on the tenth day, showed small bacilli in its urine, but did not seem incommoded. The urine in scarlatina and diphtheria shows a microbacterium and a micrococcus respectively, both quite different from the bacillus of measles.

The Bacillus of Whooping-Cough.

Dr. C. Burger, of Bonn, has contributed to the *Berliner Klinische Wochenschrift* some observations concerning the special micro-organisms in the sputa of a pertussis patient. They appear, under an immersion-lens VII., ocular O of Seibert Krofft, as small, elongated, elliptical bodies of unequal length, the smallest being twice as long as it is broad. Under a very strong power, transverse subdivisions may be detected in the longest specimens. They may form chains or groups, but are generally isolated. They bear a certain resemblance to the *Leptothrix buccalis*, the spores of which are often found in whooping-cough sputum. Occasionally some of the specific bacilli are found to be inside the mucus-cells in the sputum. Bacilli are easily prepared; they can be readily recognized, if colored in the usual way, by watery solutions of aniline. Dr. Burger concludes that this bacillus is the actual producer of pertussis, because it is not found in any other kind of sputum.

The Bacillus of Koch.

Dr. E. E. Salter, in the *Cincinnati Lancet and Clinic*, gives the following summary of the points made against Koch by Dr. Arnold Spina, of Vienna.

(1) It is denied that solutions of the aniline dyes must react alkaline in order to stain the so-called bacillus tuberculosis, and also that acids and aqueous solutions of vesuvine do not enter the bacilli.

(2) Salter denies that bacteria, which stand in no causal relations to tuberculosis, react in a different way with coloring-matter from the bacilli found by Koch.

(3) He denies that the bacilli of tuberculosis occur constantly in the diseased parts in a phthisis case. In regard to the bacilli in sputa there is no quarrel.

(4) He was never able to find any bacilli in the tubercles shielded from the open air; as, for instance, in serous membranes. About one hundred and fifty mesenteric and omental tubercles were examined with negative results.

(5) He criticises the insulation experiments made by Koch with purified bacilli, and claims that the specific character of tuberculosis has not been proved by them. He calls attention to the history of inoculation experiments, the conflicting results, the negative and positive results of inoculations with tuberculous matter and in different substances, and also gives the results he obtained by inoculations with purified bacilli.

(6) The bacilli of tuberculosis are the result, not the cause, of the disease. The *Medical Record* says that Dr. Spina's paper is critical and aggressive rather than judicial. "His view, that the infection of animals by tubercle has not yet been proved; in other words, that tuberculosis is not an infectious disease, is contrary to the general tendency of pathological opinion at present."

Treatment.

A writer in the *Therapeutic Gazette*, believing that consumption has a specific cause, thinks all the usual methods of treatment will soon be abandoned for new and more effective measures. "From Salisbury's rare-beef to Churchill's hypophosphites, the therapeutic measures are legion, and must all give way before the agent yet to be discovered, which shall have the power to enter the system, and, engaging the bacillus in combat, lay it low. The treatment of consumption by means of an atmosphere holding germicides in suspension, must, in the nature of the case, attract renewed attention through the discovery of Koch's bacillus. It would seem that in this direction lies the means which shall enable us to save hundreds of thousands of lives which are annually lost from consumption. . . . The curative agent proper will be a germicide. Koch has covered himself with a fame scarcely secondary to that which surrounds the name of Jenner; but the blaze of glory and fame immortal awaits him who discovers the agent which shall ferret out the microscopic bacillus in its fastnesses in the tissue of the human lungs, and, giving it battle, shall destroy it root and branch."

The *Medical Record* of March 31st notes the result of the use of blue-gum (*Eucalyptus Globulus*) in the treatment of diphtheria, as used by Dr. G. Murray Gibbes, of New Zealand. He takes the leaves and steams them, keeping the pa-

tient in an atmosphere of the steam. He has thus successfully treated thirty-seven cases, and thinks that it would be valuable in other infectious diseases, including phthisis.

Dr. T. Henry Green, in the *British Medical Journal*, says: "Whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels and activity of the circulation, and the exercise of the respiratory functions, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. The value of treatment which has for its object the fulfilment of these indications in the prevention of phthisis, is, I believe, difficult to over-estimate; and its usefulness is almost equally valuable when the disease is established. I cannot but think that, in the meantime, such treatment promises better results than any attempt to attack the specific organisms."

The *New England Medical Monthly* says, editorially: "It will be remembered, several months ago, that Koch announced the discovery of a tubercle bacillus. In the sputa of phthisical patients he found a parasite differing from all others in general appearance. It was of a bluish color, its length was about equal to half the width of a red blood-corpuscle, it was rod-shaped, and had a slightly notched extremity. The development of this microphyte he held was influenced by the condition of the tissue in which it was planted. In some constitutions, and under certain circumstances, the bacilli multiply rapidly. Under such classification phthisis and acute tuberculosis are practically the same, and differ only in degree and mode of infection. This parasite is naturally inoculable and can be cultivated through several generations. These experiments have been confirmed by Ehrlich, Baumgarten, Hirsch, Selder and others. One observer has been able to demonstrate the existence of such germs in the exhalations of phthisical patients. On the other hand, many microscopists are unable to demonstrate any specific organisms, but rather varied forms and groupings of degenerated cells. The views of Schmidt, of New Orleans, are decidedly novel. On repeating the experiments of Koch and Baumgarten, he claims to have found bacilli similar to those described, but noticed that they were invariably intermingled with particles of fat, which soon underwent crystallization. These crystals he found to resemble the germ which Koch discovered. But the fact that they lost their coloring

on exposure, and also disappeared when subjected to the action of boiling ether, strongly indicated their fatty origin. Kirschedder, who is enabled by Ehrlich's method to demonstrate the bacilli, maintains, however, that when treated with ether they are not dissolved, but simply lose their coloring matter; when re-stained they stand out more clearly than before. A criticism of Schmidt's article by Whittiker, of Cincinnati, no less than the study of the paper itself, suggests the idea that Koch and Schmidt are working from different standpoints, for the latter begins experiments with the conviction that Koch, having failed to mention fat crystals, has mistaken them for bacilli.

This proposition granted, it is easy to demonstrate, by a series of simple experiments, the characteristics of fatty formations. It must be admitted that published plates show a wide difference between the tubercle bacillus and the fat crystals of Schmidt.

In conclusion, we would quote from the recent Cartwright lecture of Belfield, in which are echoed the sentiments of many experimenters. He says: "Assuming that, in size and contour, Schmidt's crystals and Koch's bacilli are similar, would that justify the assertion of their identity? The crystal cannot be made to absorb aniline dyes, as Dr. Schmidt expressly states; the bacillus, like other bacteria, is readily stained by any one of several aniline colors. The crystal, we may assume, does not grow and produce in its substance two or more globular bodies, which, in turn, grow into rods. Dr. Schmidt fails to appreciate these vital differences; ignores the absorbent and reproductive powers of the bacilli, as attested by a score of competent observers. For him, shape and size are enough, and upon this fancied resemblance of his crystals in outline to bodies he has never seen he assumes their identity."

A Refutation of Koch's Theories.

Dr. Rollin R. Gregg, of Buffalo, New York, in the *Physicians' and Surgeons' Investigator*, maintains that tubercles are not caused by bacteria. "In preparing the following," he says, "I have not overlooked the claim by Professor Koch, of Berlin, heralded to the world last April through the *London Times*, by Professor Tyndall, that tubercles and tubercular cells are caused by bacteria. On the contrary, that claim has been carefully considered, and with the positive language in which it was communicated before me, I nevertheless do not hesitate to say that bacteria *do not and never did cause tubercles*.

"In every tubercle, and in every tubercular cell, there are granules and fibrils of fibrin that have been coagulated into those forms under the congestion attending the development of the tubercle, or under the inflammation that leads to its softening, or by both such congestion and inflammation; and it is these granules and fibrils that Professor Koch has clearly mistaken for bacteria. They are exactly like bacteria; *i. e.*, said granules and fibrils are of the same size, shape and color that all authorities say the bacteria of disease are, and they occupy the same localities in the body, under the same circumstances, that bacteria are said to occupy, and demean themselves in precisely the same manner under all similar conditions.

"Now, these are *scientific* facts, which cannot be set aside by ignoring or neglecting them; but neither Professor Koch nor Professor Tyndall has made the *slightest* allowance for them. Therefore, with all due deference to these great scientists, it is fair to assume that neither knew of the presence of said forms of fibrin in every tubercle; or, if they did know of them, and of their similarity to their claimed bacteria, they are very culpable for not stating the facts, and for not making some effort to find out and tell us which is which of these precisely similar forms, before going to the world with such a claim."

I have thus summed up the leading views of the medical profession in reference to the bacillus. The smoke of battle has not yet cleared away so that we can tell the result of the conflict, but it appears to lean to the side of Koch and his supporters. Whether the germicides that are now soon to flood the medical world will be homicidal to the sick, suicidal to the inventors, and germicidal to the disease, is as yet an open question; but, while the law of *similia similibus curantur* continues to be a great "thorn in the flesh" of the self-styled "regular" profession, it is well that a counter-irritant, like a remodelled code of ethics, or a subversive theory like that of the bacilli, should be applied to the erythematous heads of the contestants in the dominant school of medicine.

THE MOUTH SYMPTOMS OF THE MINERAL ACIDS.

BY E. A. FARRINGTON, M.D.

(Read before the Hahnemann Club of Philadelphia.)

THE mineral acids, by their caustic action, cause a violent inflammation of the parts which they touch, leading, as when

the buccal mucous membrane is the part attacked, to destruction of epithelium, coagulation of tissues, ulcers, and even gangrene.

Symptoms vary, therefore, from slight increased redness and raw appearance of cheeks and tongue to the production of blisters and the formation of ulcers and sloughs. Agreeably to such disturbances the neighboring glands are affected, notably those which empty into the mouth; and there is also decided systemic prostration.

But the several acids vary in their intensity of action and in their respective characteristic effects. Muriatic and Sulphuric acids cause deep ulcers; Nitric acid, ulcers with hard, everted edges, paining as from splinters sticking.

All of these cause an inflammatory swelling of the tongue; but Muriatic acid seems, more than the others, to cause a hardening of the tongue, with or without deep bluish ulcers. Hence Hahnemann employed it in cancer.

All increase and alter the saliva; Nitric acid most intensely developing a ropy, fetid ptyalism; Sulphuric acid a saltish saliva, with much frothy mucus in the mouth; Phosphoric acid, a frothy, sour saliva.

The mineral acids, however, have another, and, to the homœopathician, a very important effect. I refer to the debility which they induce. In small doses they are termed tonic. They stimulate digestion, except, perhaps, Sulphuric acid, which precipitates albumen in an insoluble form (Ringer). But soon they induce true characteristic debility. This debility is not simply that of functional weakness, it is more like that which arises from impoverished blood, from severe and malignant diseases, from mal-nutrition. And it is here we find the grandest use of the acids.

So far as mouth-symptoms are concerned, this debility is manifested in one of two ways,—either the tongue is red, raw-looking, dry, and smooth; or it is pale, flabby, and denuded of epithelium. In either form aphthæ may be present, though they are more common with the first form. Let us see if we can discriminate between the acids in these classes of symptoms.

Phosphoric acid offers a tongue with a central red streak, widening as it approaches the tip. But in this acid anæmia is more pronounced than inflammation; so we find more frequently a pale, dry tongue, or a pale, smooth tongue, coated with a sticky mucus. If, as is claimed by Galloway, lemon-juice contains Phosphoric acid, we can expect the latter to do

good in scurvy. In addition to symptoms named, it has swelling of the gums; they bleed when touched, etc.

Nitric acid has an especial affinity for the junctions of mucous membrane and skin; it attacks margins or borders. Hence we find as valuable accompaniments of stomacace, aphthæ, etc., sores in the corners of the mouth, and vesicles and sores on the margin of the mouth.

Its buccal symptoms are very closely allied to those of mercury, and therefore it excels the other acids as an antidote to mercurialization, and as a remedy in secondary and tertiary syphilis.

Muriatic acid is of inestimable value in debility, traceable to atony of the stomach, with prolonged refusal of food, or with persistent vomiting of what is taken. There seems to be no reaction. The muscles are utterly exhausted, and the vitality is so low that the sphincters relax, permitting defecation with each attempt at urination. The mouth is full of fetid, bluish-white aphthæ, with here and there deep, dark ulcers.

Sulphuric acid is scarcely second in what we may term this "gastric debility." All sustenance is at once vomited, though brandy diluted is retained for a time. The patient, if old enough and conscious, complains of a general tremor. This may be purely subjective, or it may be also objective.

The aphthæ are whitish and also yellowish. This last color is, I think, worthy of especial note, since we know how characteristic are yellow, slimy stools in this remedy; and since, moreover, Dr. R. M. Smith has confirmed the use of the drug in diphtheria, when the membrane is of a marked lemon-yellow color, hanging in strings from the posterior nares.

This remedy, then, resembles Kali bichromicum, but is distinguished by the tough fibrinous quality of the secretions of the latter.

While these several acids agree in the kind of diseased effects produced, we see that they differ so essentially as to render their indiscriminate use unscientific.

CASES ILLUSTRATING THE IMPORTANCE OF CORRECTING LOW DEGREES OF SIMPLE ASTIGMATISM.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

UNTIL within a comparatively recent period all ophthalmologists, following the precepts of Donders, in particular, have

considered the correction of any low grades of astigmatism as not only unnecessary, but hardly justifiable, and have arbitrarily set the degree of the error beyond which one may be called upon to interfere, as about $\frac{1}{60}$ to $\frac{1}{48}$. This idea is based on the well-known fact that in almost all eyes there is a certain *small* amount of irregularity in the refraction through various meridians, and that this small degree of error will rarely, if ever, interfere with the visual acuteness.

In Donders* we read: "So long as astigmatism does not essentially diminish the acuteness of vision, we call it normal. It is abnormal so soon as disturbance occurs. If it amounts to $\frac{1}{40}$ or more, it must be considered as abnormal;" and further on,† "Fick (*Zeitschrift f. ration. Medizin*, N. F. vi., p. 83) found in himself an astigmatism of $\frac{1}{315}$; Helmholtz (*Physiol. Optik*, l. c., p. 145), of $\frac{1}{119}$ *****. "In my right eye it amounts to $\frac{1}{100}$; in my left to $\frac{1}{95}$. Sharp eyes have generally not more than from $\frac{1}{40}$ to $\frac{1}{60}$. If it amounts to more, the power of vision will be under some circumstances already disturbed."

Fenner says:‡ "As before stated, all eyes are astigmatic; but when the degree is so small as not to interfere with the acuteness of vision, it is called *normal regular astigmatism*. When of higher degree—generally when greater than $\frac{1}{60}$ to $\frac{1}{48}$, the acuteness of vision is impaired, and it then becomes *abnormal regular astigmatism*, and requires to be neutralized by cylindrical glasses."

While studying at Moorfields (Royal London Ophthalmic Hospital), especially while acting as assistant, *pro tem.*, to the late Mr. Lyell, I had frequent opportunities of correcting all grades of this affection, and of seeing it done by the surgeons in charge, but I cannot recall a single instance where any of them advised cylinders for the correction of either myopic or hyperopic astigmatism of a less degree than $\frac{1}{60}$, even when improved by weak concave or convex lenses.

I, therefore, offer the following cases as part proof of the necessity for the correction of simple astigmatism with annoying symptoms, even when not more than the $\frac{1}{44}$ is present. Do not understand me to say that every astigmatic eye should be so treated irrespective of any unpleasant or annoying symptoms, for that would be straining the point; but I do believe that under the following conditions we are justifiable in cor-

* Accommodation and Refraction of the Eye (Eng. Trans.), p. 456.

† Ibid., p. 457.

‡ Vision, its Optical Defects, p. 252.

recting even such a slight amount as the $\frac{1}{7\frac{1}{2}}$ (0.50 D.), or even the $\frac{1}{14\frac{1}{4}}$ (0.25 D.); viz., where the individual has suffered from headaches, eye-aches, neuralgia of head or eyes, blepharitis, etc., and which are especially aggravated by close application of the eyes—as in reading, writing, sewing, etc.,—particularly from nightwork, where medicines, together with hygienic and dietetic measures, have been tried in vain, or with but temporary relief, and where the internal recti muscles are comparatively strong.

CASE I. Miss B., æt. 37. Has had slight blepharitis squamosa for past two years, with sensation of heat and burning, obliging her to close the lids tightly, almost spasmodically; these symptoms were all aggravated by close application; she could not see distant objects distinctly when first looking up from the book. She has had lids scarified with but temporary relief, and medicines failed to effect a cure.

V = $\frac{2}{3} \frac{0}{0}$ each eye and spherical glasses caused blurring. The ophthalmoscope revealed no blurring of the disks in one direction, while in the other it required a + lens of 72'' focus to make the vessels clear. Keratotomy (retinoscopy) showed a slight astigmatism. Duboisia was instilled, when the vision with the R. = $\frac{2}{3} \frac{0}{0}$ scant, and L. = $\frac{2}{3} \frac{0}{0}$. The vision became normal after the adjustment of the following lenses: R. + $\frac{1}{7\frac{1}{2}}$ cyl. ax. 140°—L. + $\frac{1}{6\frac{1}{10}}$ cyl. ax. 80°. The glasses gave some relief immediately, but it was not until they had been worn almost constantly for two months that the patient pronounced herself as highly satisfied and about well. This latter condition had not changed three months later.

CASE II. Dr. — had complained for some time of eyes "tiring quickly, burning drawing sensation, with lachrymation and dull droopy feeling of eyelids producing drowsiness; later on a sharp pain through the globes, with itching, particularly in the corners, especially the inner canthi. When looking at horizontal lines with head erect they seem straight, but on turning head to right or left side the lines slope."

Ophthalmoscope revealed a slight oval condition of discs, while keratotomy demonstrated a slight hypermetropic astigmatism. The vision was nearly normal, both for distance and reading. Spherical glasses were refused for distance. Under Duboisia I was able to determine an astigmatism, for which I prescribed R. + $\frac{1}{14\frac{1}{4}}$ cyl. ax. 60°—L. + $\frac{1}{6\frac{1}{10}}$ cyl. ax. 155°, which made both distant and near vision absolutely normal.

After six months' trial of the glasses the doctor made the

following report: "The glasses relieve *all* the old symptoms except the itching in the canthi, and I can read with them with perfect comfort indefinitely, but without them I cannot read more than ten minutes unless *all* the old symptoms return; by putting on the glasses all the trouble is relieved inside of two or three minutes, and I can then read as long as I desire. This latter I have frequently tested, but always with the same result."

CASE III. Miss C., aged about 25, had complained for eight months, previous to her consulting me, of aching in eyes at night, especially after using them for close work; burning in eyes in the morning, which would frequently last all day; blurring after reading a few minutes; conjunctiva inflamed after use. Reading, normal with slight effort. Vision with each eye equalled $\frac{2}{3}$ scarcely; spherical glasses, both convex and concave, were refused by the patient. The ophthalmoscope gave no clue to the trouble, and the internal recti muscles acted normally.

Keratotomy gave doubtful proof of astigmatism. Homatropin was instilled, when it was ascertained that she could only bear convex cylinders of 144-inch focus. These were prescribed for constant use, and as the lady was very anxious to do anything which would in the least relieve her condition so that she could go on with her school-teaching; she consented to do as I advised her, although she saw but slight improvement from the glasses for reading, and none at all for distant vision.

In four weeks she returned highly gratified, as most of her trouble had disappeared, but could not dispense with her glasses without all of the old trouble returning.

While writing this article I received a communication from her containing the following (now four months since giving the prescription): "The only thing that I can complain of is a burning feeling early in the morning, but it soon passes away. They [the eyes] seem so much improved since the use of glasses, that I hope they will soon be entirely well; with the exception of the feeling mentioned, I could say so now."

You will see from the preceding cases, which have been selected from among the most characteristic of this class, that *very* annoying symptoms may arise from *slight* causes; perhaps that fashionable affection, neurasthenia, has much to be accountable for in the causation of these symptoms. I think, however, you will agree with me, after listening to the records of these cases, that it is at least advisable to *try* cylindrical glasses in *all* cases of a *similar* nature.

FACIAL PARALYSIS.

BY CLARENCE BARTLETT, M.D.

(Read before the Philadelphia Medical Club.)

THE facial nerve is more frequently the seat of peripheral lesions, other than traumatic, than any other nerve in the body. Facial paralysis of peripheral origin arises most frequently from exposure to strong cold winds, especially in persons of a rheumatic diathesis. It may also follow various mechanical injuries, such as prolonged pressure on the nerve by sleeping with the head on the closed hand, or section of the nerve or its branches in surgical operations about the face. Various tumors, as those affecting the parotid gland, and, more rarely, enlargement of the cervical lymphatics, may, by pressure on the nerve, so interfere with its function as to cause a paralysis of the facial muscles. Caries, or fracture of the petrous portion of the temporal bone, suppurative inflammation of the middle or internal ear, periostitis or hæmorrhage affecting the aqueductus Fallopii, may be causes of facial palsy. While diphtheria is a frequent cause of paralysis, it is rarely that it is followed by any lesion of the seventh pair of nerves. The majority of cases of facial paralysis occur in subjects varying in age from twenty to forty years, although no age appears to be exempt. It may occasionally appear in infancy as a result of pressure of the forceps during delivery.

The onset of facial paralysis will be sudden or gradual according to the influences which have given rise to the trouble. Where it has followed exposure to cold winds, its advent will be sudden; but, where it is the result of the pressure of tumors on the facial nerve, its invasion is more gradual. The appearance of the face in facial palsy is characteristic. The paralyzed side of the face is smooth, flaccid, and expressionless. On account of the involvement of the occipito-frontalis and corrugator supercillii, all wrinkles and furrows are obliterated from the brow. The orbicularis palpebrarum is paralyzed, so that the eye remains wide open, even during sleep. The conjunctiva, no longer protected from dust and foreign bodies floating in the air, may become inflamed and painful. Paralysis of Horner's muscle, which is but a part of the orbicularis palpebrarum, prevents the flow of tears into the punctum, so that they overflow the cheek and excoriate the skin with which they come in contact. On asking the patient to close the eyes the eyeball rolls upwards, and the upper lid is raised still higher. In every movement, however simple, two opposing muscles at least are concerned, although the

action of but one of these may be apparent. Let any one make flexion at the knee-joint, and, notwithstanding the fact that the movement is one of flexion, the extensor as well as the flexor muscles of the thigh are called into action. Thus, these antagonistic muscles being associated in voluntary movements, when one is paralyzed any effort of the will to move this muscle results only in the contraction of its antagonist. In cases of paralysis of the musculo-spiral nerve, if we ask the patient to extend the wrist he only flexes it the more. In the act of closing the eye, the orbicularis palpebrarum and levator palpebrae are the two muscles concerned in the movement. The former receives its nerve supply from the facial, the latter from the motor oculi. In health, the mind, in willing the act of closing the eyes, associates with the contraction of the orbicularis palpebrarum a co-ordinated movement of the levator palpebrae; in disease, the same takes place. But the first named of these muscles is paralyzed, and all power of the will over it is lost; the latter, receiving its nerve supply from the motor oculi, is as free to contract as ever. When a call is made to close the eye, the will has so long associated these muscles in their action, that when the orbicularis is paralyzed and refuses to obey the call, the levator palpebrae only opens the eyes the wider. The tissues of the face hanging loose and flaccid, drag down the lower lid, producing ectropion, which may, in long-standing cases, become permanent, unless remedied by operation. The buccinator is paralyzed. In the act of chewing, the food constantly slips from between the teeth and lodges in the space between the gums and the cheek, from which situation the patient frequently calls in the assistance of the finger to effect its removal. The mouth is drawn obliquely towards the healthy side, while the angle of the paralyzed side is depressed. The paralysis of one lateral half of the orbicularis oris interferes with the prehension of food. The patient cannot purse up the lips as in the act of whistling. His pronunciation of words containing labials is indistinct. Saliva dribbles from the paralyzed side. The nostril on the affected side falls in, owing to paralysis of the dilator nasi. The tip of the nose may be drawn towards the healthy side. The sense of smell is apt to be impaired, not because of any affection of the nerves directly concerned in olfaction, but because of the paralysis of the compressor naris and dilator nasi muscles. The act of smelling is accompanied by one of two separate movements of the nostrils, each of which has, as its object, the introduction of a large quantity of air into the nasal cavity. In one the

nostrils are widely expanded, and the air is drawn in by one long-drawn inspiration. The other consists of a series of short and rapid sniffs, in which the *alæ nasi* are depressed, and the air is drawn in by a succession of short, quick efforts. The lower channel of the nose, the one used in ordinary respiration, is thus obliterated, and the odoriferous particles are carried into the upper or olfactory channel. Now, as in facial paralysis both the compressor *naris* and dilator *nasi* are paralyzed, a less volume of air loaded with the odoriferous particles must come in contact with the nasal mucous membrane, and the sense of smell suffers a corresponding diminution. Further than this, the paralysis of Horner's muscle prevents the carrying of the tears through the lachrymal duct into the nose, so that its mucous membrane is unnaturally dry. This also interferes with the proper performance of the functions of the olfactory nerve. The above symptoms are those ordinarily observed when the facial nerve is affected after it has emerged from the stylo-mastoid foramen. When the nerve is affected within the bony canal, other symptoms than those above enumerated make their appearance. To appreciate these symptoms it will be necessary to give a brief résumé of the anatomy of the facial nerve and its branches. The facial nerve finds its apparent origin in the groove between the olfactory and restiform bodies of the medulla oblongata. In leaving the cranial cavity it enters the internal auditory meatus in company with the auditory nerve. At the bottom of the internal auditory meatus it enters the aqueductus Fallopii, through which it passes, making its exit at the stylo-mastoid foramen. While in the latter bony canal, the nerve gives off several branches of practical importance. First, we find an enlargement of the nerve, known as the geniculate ganglion, from which spring the great, small, and external superficial petrosal nerves. The first named of these connects with Meckel's ganglion, and supplies the levator palati and azygos uvulæ muscles. The small superficial petrosal nerve connects with the otic ganglion, and with the tympanic branch of the glosso-pharyngeal the last named connects with the plexus on the middle meningeal artery. Symptoms arising from the involvement of these latter two branches have, according to Althaus, not been observed. The next branch is to the stapedius. A little further on in its course the chorda tympani is given off. This last is the nerve of special sense for the anterior two-thirds of the tongue. Then, just before the nerve emerges from the stylo-mastoid, it gives off a branch which supplies the muscles of the external ear. If the

paralyzing lesion should involve the nerve at a point just above the giving off of this last-named branch, there will be in addition to the symptoms above-mentioned a paralysis of the muscles of the external ear. These muscles are of more importance and are better developed in the lower animals than in man. Most people cannot move the ears, but some can, and should such suffer from lesion of the facial nerve at this point, inability to move the ear on the affected side will present itself. If the nerve be involved above the origin of the chorda tympani, but below that of the branch to the stapedius, there will be loss of the sense of taste on the corresponding lateral half of the anterior two-thirds of the tongue, together with more or less dryness of the affected side of the mouth. Some observers have ascribed this dryness of the mouth to the fact that on the paralyzed side the lips are separated, and that the admission of the increased quantity of air causes a rapid evaporation of the saliva. This cannot be, for in facial palsy of cerebral origin, where the mouth is also open, there is no dryness of the mouth. The experiments of Schiff have shown, moreover, that section of the chorda tympani is followed by a diminution in the flow of saliva. To the dryness of the mouth has been ascribed the loss of taste in the anterior two-thirds of the tongue. Taste, however, may be impaired in cases in which there is no dryness. When the nerve is affected above the origin of the branch to the stapedius, there is a peculiar hyperacusis of hearing which, by some observers, has been attributed to unantagonized action of the tensor tympani, but, by Brown-Séquard, to vaso-motor spasm of the internal ear. If the nerve be affected above the geniculate ganglion, the levator palati and azygos uvulæ will be paralyzed. On examining the throat, the palate no longer presents a symmetrical arched arrangement, but a depression or drooping of the arch on the affected side. Now, if the nerve be affected before it enters the aqueductus Fallopii, all the symptoms above enumerated will be present with the exception of the loss of the sense of taste. This would seem to show that the chorda tympani is not a portion of the facial nerve, but enters it in some portion of its course.

In facial paralysis the behavior of the affected muscles under the stimulus of the galvanic or faradic current varies with the nature of the case. For the first few days, the response of the muscles to either current is normal or nearly so. If there is any alteration, it is generally a more ready response to the stimulus of galvanism. In some cases this may be the only

alteration present at any time. In others, however, faradic contractility rapidly diminishes, so that, at the end of so short a time as a week or ten days, it may be entirely abolished. With the diminution or loss of response to faradism, the affected muscles become abnormally sensitive to the galvanic current, so that, while the muscles on the healthy side respond to ten calls, those on the affected side may respond to three. The contractions in the two cases are different, however. In the case of the paralyzed muscles the current must be slowly interrupted, and the resulting contractions are of a slow, wavy nature, very different from the quick, ready response seen in health. At first, the contractions of the facial muscles may be provoked by the application of the electrode over the nerve itself, but later only when it is placed over the motor-points or the muscles. It may be stated, as a rule subject to exceptions, that in those cases where electro-muscular contractility is normal, or nearly so, the paralysis is due to a lesion of the nerve after its exit from the stylo-mastoid foramen, and that, in those cases where faradic contractility is impaired or lost, the nerve is injured in its passage through the aqueductus Fallopii.

Facial paralysis may occasionally occur on both sides at once. It is then known as facial diplegia. It is usually the result of intracranial disease. The eyes stand wide open, the face is devoid of all expression, and, in fact, all the symptoms of facial monoplegia exist in an exaggerated degree.

Diagnosis.—In severe cases of facial paralysis no difficulty will present itself in diagnosis. In mild cases, or in infants, the physician may be puzzled at first, but careful observation of the movements of the lips and muscles of expression will guard against error. Careful observation of the symptoms above mentioned will enable the physician to decide in what portion of its course the nerve is injured.

Prognosis.—The reactions obtained by the application of the galvanic and faradic currents enable us to give a tolerably exact prognosis. In those cases where the reactions at the end of the first week are normal, or nearly so, we may promise a speedy recovery in from two to three weeks. These cases are usually those in which the nerve is affected after its exit from the stylo-mastoid foramen. In those cases where the galvanic contractility is normal, and the faradic somewhat diminished, we may look for recovery in from four to six weeks. But where the faradic contractility is lost, or nearly so, the disease will run a long course, of from four to six months, and subsequent secondary contracture of the affected muscles will take place.

When the facial paralysis is secondary to some other affection, such as disease of the ear or tumor, the prognosis is essentially the same as that of the primary trouble.

Treatment.—In addition to the administration of the proper remedy, electricity is an important element in the treatment of facial palsy. The current selected must vary according to the exigencies of the case. When the faradic current fails to elicit a response in the paralyzed muscles, we should use the slowly interrupted galvanic current, and continue its use until the faradic contractility has been restored. The current employed should be of sufficient strength to excite muscular contractions, and no stronger. Short sittings, of five minutes' duration, are better than long ones. The positive electrode should be placed over the nerve as it emerges from the stylo-mastoid foramen, the negative over the motor-points of the individual muscles. In the *Archives of Medicine* for February, 1880, Dr. Seguin describes what he calls the "Intra-buccal method of faradizing the lower facial muscles." One of the electrodes used in this method consists of a long insulated interrupting handle, surmounted by a brass ball. This is applied to the various motor-points on the inside of the mouth, the other electrode being applied over the stylo-mastoid foramen. All of the facial muscles below the malar bone and the nose can be reached by this method. Owing to the mucous membrane of the cheek being continually moist, there is less resistance to the passage of the electric current to the muscles, consequently a current of less strength is necessary. The paralysis of the orbicularis palpebrarum, by preventing the proper closure of the lids, exposes the eye to irritation from the dust floating in the air, thus giving rise to considerable pain. Various devices have been employed to obviate this. It has been recommended that the lids be closed and retained in that position by strips of adhesive plaster. Others have suggested that the eye be covered with a shade or bandage, but the pressure required to keep the eye closed under such circumstances is so great as to be very uncomfortable. Where the eyelashes are long and firm, the lids may be kept closed by means of hair-sutures. In some cases, where all the above measures have failed to give relief, the pains in the eye have been so great as to require the lids to be stitched together. When the conjunctiva is markedly inflamed, the application of hot water, either with or without boracic acid, will give marked relief.

The constant stretching of the affected muscles, by the traction of those on the healthy side, retards recovery somewhat.

To obviate this, Dr. Van Bibber, of Baltimore, has suggested that a hook be placed in the angle of the mouth, the other end to be fastened to a circular india-rubber band which is fastened back of the ears. This should be worn, if it does not inconvenience the patient too much. In the few cases in which I have tried this device, it has had to be abandoned on account of the annoyance to which it gives rise. If the case come under observation early in its course, it will be well to envelop the affected side of the face in raw cotton.

In the short limits of the present paper it will be impossible for me to even mention all the remedies which may be indicated in facial palsy. Concomitant symptoms or constitutional peculiarities may lead to the selection of any one of the remedies of our materia medica. I will therefore only speak of those which suggest themselves as being the most frequently useful.

Rhus tox. will be found suited to those cases arising in individuals of a rheumatic diathesis, as a result of exposure to damp winds. Trousseau and Philips, in their works, praise it highly in various forms of paralysis.

Causticum, when the right side of the face is affected. It is useful when the facial palsy is associated with muscular twitchings, or with contracture of the affected muscles.

Belladonna, like *Causticum*, will come into play when the right side of the face is affected. In addition to the facial paralysis, there is a neuralgia of the fifth pair of nerves.

Hypericum is a possible remedy in those cases where the paralysis has resulted from traumatism affecting the nerve itself.

Ruddock recommends *Aconite*, either taken alone or in alternation with *Gelsemium*. Either of these remedies will be good, each in its proper sphere; *Aconite*, in the very beginning of the trouble, after exposure to strong cold winds, in rheumatic patients. As in the case of *Belladonna*, neuralgia of the trigeminus may be present, but differing from that remedy in that the left side of the face is the one generally affected. There is redness and heat of the face, together with occasional tingling, crawling, or numb sensations.

Gelsemium is indicated in those rare cases where facial palsy has followed one of the acute diseases, as diphtheria. It is more frequently indicated in cases of facial neuralgia, associated with twitchings of the muscles supplied by the seventh pair of cranial nerves.

Kali hydriodicum will prove beneficial in cases having a syphilitic origin.

When the disease is secondary to other troubles, a cure can only be obtained by directing our medication towards the totality of the symptoms present in each case. If the paralysis has been caused by disease of the internal or middle ear, we think of *Silicea*, *Hepar*, *Mercurius vivus*, *Tellurium*, and *Aurum*.

If by pressure of tumors of the parotid gland, malignant or otherwise, or by pressure of enlarged lymphatic glands, *Conium*, *Hydrastis*, *Baryta jod.*, *Calcarea carb.*, *Calcarea jod.*, *Iodine*, *Sulphur*, *Arsenic*, *Iodid. of arsenic*, and *Graphites*.

If by periostitis, affecting the aqueductus Fallopii, *Aurum*, *Asafoetida*, *Silicea*, *Mezereum*, *Fluoric acid*, *Ruta*, and *Rhododendron*.

Facial paralysis of cerebral origin will call for *Causticum*, *Baryta carb.*, *Arnica*, *Rhus tox.*, etc.

TÆNIA.

BY T. PRATT, M.D., MEDIA, PA.

(Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties.)

A YEAR ago I received a call from a gentleman seeking relief from epilepsy, to which he had been subject for a short time. He could account for it only on the ground that possibly it was due to an inherited predisposition, since several members of one branch of the family had been so afflicted, though it had not been made manifest previously in his immediate family. His general health was good. The convulsions were tonic in character, and made their visitations once in a week or two weeks, and continued from five to ten minutes. There were never any premonitory symptoms. I pursued the usual course of treatment for such cases, both in regard to medication and hygiene, with the effect of greatly lessening the frequency, as well as the force, of the attacks. In the meantime, however, there was a marked reduction in flesh, amounting to seven or ten pounds in a few weeks, though the gentleman, the while, felt as well as usual, and was able to perform his duties as salesman. About two months ago he noticed that he passed sections of that verminous marauder *Tænia*. I prescribed *Santonine* 1^x trit., in five-grain doses, three times daily. Upon the third day of this treatment, in the morning, the worm was passed entire. It was several feet in length, though the exact number was not ascertained; but the head was readily discerned. The most important point in this case was the promptness of the action of the remedy.

KEYNOTE FOR DIGITALIS.

BY J. S. SKEELS, M.D., ALBION, ERIE COUNTY, PA.

LAY the palm of the hand upon the left chest over the infra-mammary region ; if now you feel the apex of the heart striking against the chest-walls or against one of the intercostal spaces, then Digitalis is the remedy required.

Do not mistake a tumultuous, rolling, tumbling action of the heart, which may be so strong as to shake the whole chest, for the peculiar action above described.

The two kinds of heart-action may exist at one time in one person, and then Digitalis is one of the remedies.

I use the mother tincture, five to ten drops dissolved in a teacupful of water, and a tablespoonful three times a day.

This is my "guiding symptom" for the use of Digitalis in fever.

Miscellaneous Contributions.

THE ANATOMY OF THE DURA MATER AND PIA MATER.

It may not be uninteresting to those of our readers who have not access to the classic work of Key and Retzius, "*Studien in der Anatomie des Nerven Systems*," Stockholm, 1875, to learn something of its teachings concerning the structure of the dura mater and the pia mater.

We avail ourselves of the translations of Dr. R. L. Tafel, of London, made for Swedenborg's work on the brain, which the former is editing :

"On making injections into the dura mater, by puncture, there are often filled in the tissue of the dura peculiarly-formed *systems of little tubes*. Thus from the punctured place the injected fluid in this case shoots out in pencil-like forms, which run in a parallel direction, and are in close proximity to one another. If, as happens usually, the injection penetrates into several layers of the dura, the tabular systems of the diverse layers cross one another in various angles in the direction of the fibrillæ.

"If the injection is very strong, the little tubes are so much crowded that the dural tissue can be scarcely perceived. The little tubes agree perfectly in their form with Bowman's 'corneal tubes.' Each tube is usually quite straight, and, as may be seen in vertical cuts, its shape is generally cylindrical, and it terminates in sharp points. Often, also, they become dissolved into a number of finer tubules, which either lie very closely together or become separated from one another. In

this case only a thin strip of the dura tissue is visible between the several tubules. Only rarely, however, they anastomose. As a matter of course, the form and arrangement of these tubular systems depend necessarily upon the structure of the dura mater; that is, upon the arrangement of its fibrillary fascicles. The question now arises whether these spaces are naturally formed; *i. e.*, whether they are natural canals. It is indeed more than merely probable, nay, it is necessary that there should be real systems of lymph-canals (*safts canal systeme*) in the dura mater. Besides the bloodvessels, the above are the only canals which can be demonstrated by methods of injection; therefore it is also highly probable that the above tubular systems represent the lymph-canals (*saft canäle*). The natural existence of these tubules receives a strong support from this circumstance, that under a very mild pressure a large system of them is filled by an injection of the bloodvessels of the dura. . . . If the injection, especially with Richardson's blue fluid, is carried further, the whole tissue is at last imbued by the fluid, so that the tubes can no longer be discerned. In this case the mass at last infuses also the fibrillary fascicles; *i. e.*, it becomes interfibrillar.

"On making a minute examination of the arachnoidal villi (*glandulæ pacchioni*), we discovered, on either side of the longitudinal sinus, peculiar accessory sinuses or hollows, in which these villi lie concealed. These hollows, or lacunæ (*sinus s. lacunæ laterales, sinus superioris*), are irregular and of a very varying figure, sometimes being triangular, square, or of a rhomboid shape. . . . Their walls, as in the case of all the other sinuses, are formed of the dura. They are often connected by broader or narrower passages; and by small, roundish, or fissure-like openings, very much like the mouths of veins, they terminate in the sinus longitudinalis. As this sinus, by longitudinal partitions, is here and there divided into several departments, the mouths of some of the lacunæ are not unfrequently hid by such partitions. The longitudinal axis of these lacunæ is usually directed more or less transversely towards the sinus. The other extremity of these lacunæ is generally pointed and directed outwards; a branch of the *venæ meningæ* usually terminates in it. Trabeculæ, or cords, pass vertically or obliquely through the lacunæ, joining the roof with the bottom. Otherwise they are commonly filled with Pacchionian villi, nay, they teem with them. These villi occupy the spaces between the trabeculæ and bathe freely in the percolating stream of blood. In general, it may

be stated that most of the villi have their seat and home in these very lacunæ, and that these lacunæ are chiefly intended for the pacchionian villi. These lacunæ filled with villi exist not only in adult persons, but they occur also in children, nay, in newly-born infants. . . .

"On making a *subarachnoidal* injection, under a very light pressure, the liquid penetrates through the subarachnoidal spaces of the brain, and through the meshes of the subarachnoidal trabecular system, which is usually found in the neighborhood of the arachnoidal villi, it passes through the trabecular meshes in the stems of the villi, into the villi themselves; and, indeed, without entering into the subdural space of the cerebrum. After arriving in the villi, it spreads through the meshes of their tissue with the same facility with which a sponge is filled [with water]. The meshes between the trabeculæ are thereby rendered tense, the villi are erected, and, by the color of the injected fluid, appear tinged. The liquid, however, does not remain confined long within the limits of the trabecular system of the villi. On the contrary, it soon passes through the layer which constitutes their surface and enters into the subdural space beyond. This also it fills and renders tense, as well as the dural sheath which encompasses the villi. Yet it does not remain even there, but flows through the dural sheath into the venous sinus or the lacunæ without, in order in this manner to mix with the blood. . . . After arriving in the venous spaces, that is, in the sinuses and lacunæ, the injected liquid usually spreads through the finer bloodvessels of the dura. Very often, also, we found the venæ meningeæ and their branches more or less filled to a large extent. Often, however, and indeed chiefly, we obtained a copious injection of bloodvessels in the region of the dura which surrounds the longitudinal sinus and the lacunæ, especially in the roof of the sinus.

"On the question of the function of the arachnoidal villi, we answer, their function is certainly to effect a junction between the serous spaces; that is, between the cerebro-spinal liquid of the brain and the system of the blood. . . .

"In the brain the pia proper consists of a very fine membrane, the interior boundary layer of the entire soft meninx; *i. e.*, of the arachnoid and pia mater combined. The pia proper corresponds essentially only to the inmost lamina of the pia in the spinal cord, and consists of a spinal membrana, invested with endothelium, and containing stiff, shining, decussating fibres of varied number, similar to those in the

inmost lamina of the pia in the cord. The little membranes bounding the subarachnoidal passages everywhere pass over the pia mater.

"The bloodvessels, before ramifying and losing themselves in the cortex, for some distance run along the exterior surface of the pia. These vessels are fastened most intimately to the pia by fine little membranes. In cross-sections, therefore, it often appears as if the vessels were running in the pia itself, although they are really situated between the pia and another fine little membrane closely attached to it. . . . On examining a piece of pia mater which has been stripped from the surface of the brain and spread out flat, you will notice how the bloodvessels attached to the pia mater freely send out their shoots, and how these, scattered here and there, protrude like villi from the membrane. For the vascular shoots, which at first still preserve their natural position, deflect from the vessels in the pia mater and at right angles penetrate into the cortex. On entering the cortex they take a funnel-shaped indentation of pia mater, which, by-and-by, fits more closely around the coating of the vessel, and, in the form of a sheath, accompanies every vessel. . . . This perivascular sheath, in larger vessels, is slightly different from what it is in capillaries, for in the former vessels it is more or less removed from the parietes of the vessel. . . . In the sheath itself there is scarcely a trace of a structure; it appears almost as clear as glass and homogeneous. . . . We never succeeded under treatment with silver in obtaining in the sheath real outlines of endothelial cellular fields, such as other authors (Eberth, Riedel) seem to have produced; the only result obtained was a diffuse coloring or irregular, spurious outlines. . . . Within the perivascular sheath is the middle arterial coat, consisting of a fine stratum of muscular fibres. . . . This middle coat, in the arteries as well as in the veins, is usually naked in the direction towards the sheath, without any cellular coating whatever. . . . Interiorly to the middle coat, and usually closely attached to it, is the interior coat, which consists of a single thin cellular stratum. . . . In the smaller transitional vessels the middle muscular coat disappears altogether, the perivascular sheath remaining as a clear homogeneous sheath, more or less distant from their inmost coat. Often, however, in the capillaries this sheath is entirely invisible, yet, in places where the capillaries branch out, the perivascular sheath becomes plainly visible as it retreats from the interior coat. Everywhere, in fact, even in the finest cap-

illaries, it seems to be present; its presence is indicated by small, beautiful and singular nuclei. . . .

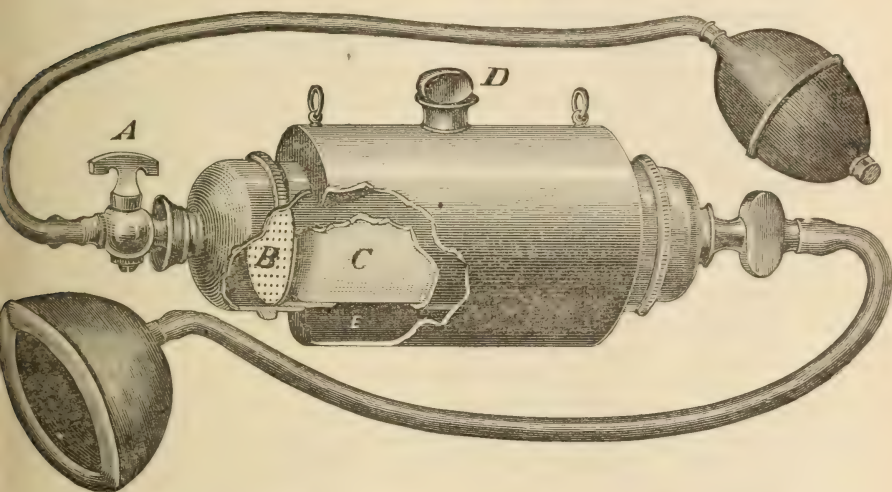
“In the *cerebellum* the relations are a little different; namely, in respect to the fastening of the pia mater to the cortical substance. Here a sort of formation exists, serviceable for the more intimate attachment of the pia mater. These are the fibres described by Bergmann, Hess, Schulze, Deiters, Henle-Merkel. In the free, open surface of the *cerebellum* we looked for these fibres in vain; but we found them, and indeed very copiously, in the furrows of the *cerebellum*. Sometimes we thought we succeeded in discovering these formations also in the surface itself, but only in the neighborhood of the sulci, and exceptionally. Their proper territory, therefore, lies in the sulci or furrows; and we think ourselves authorized in maintaining that the attaching fibres belong to the sulci. We have examined them in man, in the dog, and in the rabbit. Their relations are almost the same in these various creatures. They always exist in great numbers. . . . On pulling off the pia mater from the surface of the cortex, it will be found that a greater or smaller number of these fibres is pulled off at the same time, and that many of them remain attached to the pia mater. A great number of these fibres, however, are usually torn from the pia mater, and with their trumpet-like enlargements they stick out of the cortical substance like a diminutive forest, or else they have the appearance of a narrow border, or of an indented little membrane. . . . As a general thing, they appear homogeneous, transparent like glass, and they are not very stiff, but pliable. . . . Not unfrequently they ramify in the direction of the cortex; they divide dichotomously, and sometimes this division is repeated. The ramifications in this case form an acute angle with one another and dip into the cortical substance. . . . It seemed singular to us that this kind of fibres should occur only in the *cerebellum*, and we therefore repeatedly strove to discover analogous formations in other parts of the central organs. Yet we never succeeded in our endeavors; certainly not in the sulci of the *cerebrum*. Whenever we thought that we had met with single fibres of this sort, on instituting a more precise examination, it always turned out that we had mistaken fine filaments drawn out of the neuroglia [nerve-centre] for the genuine attaching fibres.”

A NEW ETHER INHALER.

DR. S. COOPER has invented a new ether-inhaler, which, in many respects, excels all others in the market. It is economical, convenient, and, above all, it prevents any damage to the lungs from the large quantities of ether which the ordinary inhalers give forth.

From a description of the apparatus in the *Medical Bulletin*, we clip the following:

The ether employed is absorbed by a material packed in the central circular chamber *C*, and a grated strainer *B*, pre-



vents the packing from slipping out. A removable stopcock, *A*, admits the ether through a small funnel surrounding the prolongation of the stopcock. Four fluid ounces of Squibb's ether is easily taken up by the filling, and the inhaler can be held with the funnel down, yet no dripping will occur. After filling, the stopcock, with the rubber tube attached, is screwed on firmly. Surrounding the ether chamber, is a jacket, *E*, into which *hot water*, to the amount of six ounces, is poured, through the small funnel shown at *D*. A screw-cup is then fastened down, and the apparatus is ready for use. To the end of the rubber tube running from the stopcock *A*, is attached a compression bulb, by which atmospheric air is pumped through the ether, and thence along the flexible tube at the other extremity to the face-piece, which fits snugly over the mouth and nose. This shield is made of flexible metal,

bound around the edge with red rubber, which admits of close contact without undue pressure. To the upper part of the cylinder on either side of the central inlet, *D*, is attached rings, by which the whole is carried by means of a strap over the neck and shoulder of the administrator, who thus has, when necessary, his hands free for other purposes. The patient being ready, the shield is applied to the mouth and nose as usual, and the bulb is compressed *at each inspiration*, and at no other time.

This manipulation drives a current of ether vapor, warmed to blood-heat, into the lungs. Hence no waste occurs, as must be the case with all other inhalers, because the vapor of the ether cannot escape except when it is driven onward by the current of air from the driving-bulb. The simple fact that a patient has been kept profoundly anæsthetized for two hours by six ounces of ether, demonstrates the value of the instrument on the score of economy; and the sole use of this apparatus by several of our best-known New York operators is proof of the esteem in which it is already held.

A NEW DIVULSOR.

BY A. KORNDORFER, M.D.

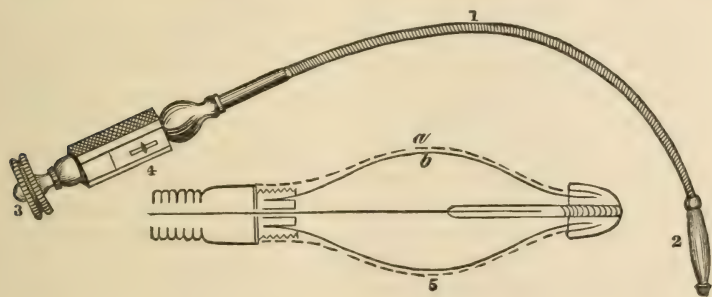
(Read before the Hahnemann Club.)

A CHILD, æt. 20 months, drank about a tablespoonful of a saturated solution of concentrated lye. Emetics, administered within ten minutes, caused thorough vomiting. White of egg and oil were then given.

I was called to the case about six hours after the accident, and found the mouth and fauces of the child intensely inflamed. I gave Caust.³⁰, a few doses, which was followed by decided relief of pain, despite the fact that a very extensive surface was ulcerated. The healing process progressed kindly, so that in about three weeks the mouth and fauces were, save a few small patches, cicatrized. During this time, the child received for nourishment diluted cream, whipped egg, and rich milk. In the early part of the fourth week, however, the child ate a piece of highly-seasoned ginger cake. Inflammation rapidly developed again, and the ulcerative process was re-established. Within a few days deglutition became impossible, so nourishment was given per rectum. The child had become greatly emaciated, the bowels were diarrhœic, and there was great thirst, though he was not able to swallow even

a few drops of water. I gave Arsen.³⁰, a dose, every half hour. At this time Dr. John E. James saw the case with me, and we considered the propriety of operative interference, but decided in the negative. After some difficulty, a No. 5 English catheter was introduced, and milk injected through it into the stomach. For several days following, the child was fed through a No. 3 English catheter, the former seeming to cause much pain. After this, the ulceration appearing to improve under the use of Graph.^{2x}, I began to dilate with catheters, gradually increasing until No. 18 (English) was applied. Then I tried the usual forms of œsophagus bougies, but with indifferent success, owing to the pain produced in the attempt to force through the upper strictures. These bands appeared to form pouches, into which the bougie would readily lodge. When, however, the bougie engaged within the contracted portion, the downward pressure seemed to make extremely painful traction upon the posterior pharyngeal wall, causing much pain, yet without accomplishing free dilatation. Failing with these bougies, I concluded to have constructed a divulsor, which would, I trusted, obviate the difficulties.

The instrument which I designed consists of a spiral-wire flexible tube, at the end of which is secured a set of six thin



steel springs, protected at the tip by a hard-rubber nib, and so constructed that when not drawn upon, they form a bulb-like extremity, in size about equal to a No. 18 English catheter.

To the flexible tube is affixed a firm handle, having at its extremity a strong thumbscrew, which acts upon a flexible rod, that extends through the spiral-wire tube, and is firmly secured at the extremity of the bulb.

When the thumbscrew is turned to the left, it shortens the inner rod, which, drawing upon the nib of the bulb, shortens and thickens the latter. Simple flexion of the tube acts upon the bulb in a similar manner.

In using the instrument, it is passed to a point within the stricture. When the bulb is engaged, the thumbscrew is turned to the left, until sufficient dilatation of the bulb is attained; then, by freely flexing the spiral-wire tubing, the dilatation of the bulb is increased as required. The force applied may readily be gauged by an index upon the handle.

The result, thus far, has been very satisfactory. The child, at present, is able to eat solid food daily.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE annual meeting of the society was held on Thursday evening, April 12th, 1883, at the rooms of the Homœopathic Library and Reading-Room Association, 1009 Arch Street.

In the absence of both President and Vice-President, the meeting was called to order by the Secretary, and on motion of Dr. P. Dudley, Dr. Samuel Brown was called on to preside.

The minutes of the March meeting were read and approved.

The Censors reported favorably on the applications for membership by Drs. William H. Gardiner, I. B. Gilbert, W. T. Maguire, Oliver S. Haines, H. Knox Stewart, and J. Robert Mansfield, and thereupon these gentlemen were duly elected.

Dr. P. Dudley, chairman of the sub-committee appointed to consider and report what arrangements should be made for the accommodation and entertainment of the State Society at its annual meeting in September next, reported as follows:

The present condition of our State Society must be regarded as eminently satisfactory in some respects, and as highly unsatisfactory in others. For the past three or four years its sessions have been quite well attended, and the character of its papers and discussions has been considerably above that of the average in State medical societies generally. The annual issues of its Transactions have been in keeping with the quality of its papers, and have elicited the most flattering commendations from medical journals throughout the United States, as well as from nearly all the homœopathic journals of Europe.

To maintain this high reputation, and to add to the society's efficiency in all respects, is worthy our best and continuous efforts. On the other hand, the finances and the membership of the organization are by no means what they ought to be. Every year it becomes necessary to supplement the treasurer's funds by private subscriptions and donations, in order to meet the requisite expenditures. This annual deficit is chiefly due to the comparatively small membership, the list showing that only about one-fourth of the homœopathic physicians of the State are identified with the society. Dr. Caruthers, the corresponding secretary, says that it will require one hundred new members to place the society upon a substantial foundation. The most unfortunate feature of this comparatively small membership, however, is that it leaves the society just so much weaker in its efforts for the general professional and public benefit.

The responsibility for this weakness rests almost entirely upon Philadelphia. The cities and towns are more largely represented in State medical societies generally than are the rural districts. This fact is well illustrated in our own State. Our larger towns are, nearly all of them, well represented; our own city, however, seems determined to be an exception. While Allegheny County has 71.7 per cent. of her physicians in the State Society, Philadelphia County has but 23 per cent. In order to make the representation equal in the two ends of the State, Philadelphia must furnish about one hundred and forty new members. There is no good reason for a longer continuance of our present questionable relation to our State organization.

Your committee respectfully suggests that whatever action we take as a County Society in reference to the State Society's meeting, the increase of the membership of the latter body, particularly by additions from this city and its vicinity, should be kept always in view as the chief object. We do not forget, however, that the high standing of this County Society renders it incumbent upon us to extend to the State Society the most cordial hospitality. In furtherance of both these objects, it is desirable to make the session as interesting and attractive as possible. We, therefore, recommend as follows:

First. That a suitable hotel be selected as a "headquarters" during the sessions of the society.

Second. That the meetings be held either in or near the hotel, in some convenient apartment.

Third. That we tender a reception to the members of the State Society and their lady friends on the evening of the first day of the session. The reception to be given, if practicable, in the parlors of the hotel.

Fourth. That a banquet be provided in compliment to the State Society on the evening of the second day of the session.

Fifth. That the ladies be tendered an excursion or a park drive, as may be hereafter determined.

Sixth. That a committee of this society be appointed to make the necessary arrangements with power to act, and to add to their own number as they may deem expedient; and that said committee report their progress at the meetings in June and September.

The report was accepted, and after some discussion the recommendations were adopted.

The Treasurer, Richard C. Allen, M.D., then submitted a report, showing receipts amounting to \$240.97, and expenditures amounting to \$239.32, leaving a balance of \$1.65. Report was accepted, and referred to Censors for audit.

Dr. H. Augusta Kimball presented her resignation. It was intimated that she had embraced allopathy. The resignation was accepted.

The Standing Committee on Organization, Medical Education, Statistics, and Legislation, as required by the by-laws, made the following report through Dr. C. Mohr, chairman:

We are pleased to report that the year just closed has been a most eventful one in the history of our society, and that not only has our membership increased, but effective bureau work has been done, the value of which has been in no small measure due to the energy of our younger members. The President has shown much discretion in the appointment of chairmen of bureaux, and these, in turn, by associating with them younger men of ability and promise, have revealed much of the actual strength of our organization as a medical body.

What of the year to come? The bureaux are all organized, and in working order, and it is not too much to expect a year fruitful in papers and discussions. The bureaux are constituted and will report as follows:

1. SANITARY SCIENCE, Dr. P. Dudley, chairman. Associates, Drs. J. Sperry Thomas, B. W. James, W. W. Van Baun, Theo. J. Gramm. Will report May 10th, 1883.

2. ANATOMY, PHYSIOLOGY, AND PATHOLOGY, Dr. W. C. Goodno, chairman. Associates, Drs. A. R. Thomas, W. K.

Ingersoll, C. R. Norton, C. F. Goodno. Will report June 14th, 1883.

3. PÆDOLOGY, Dr. Eliza H. Lang, chairman. Associates, Drs. Harriet S. French, John K. Lee, Mary Branson, Theodore F. Conover. Will report September 13th, 1883.

4. SURGERY AND CLINICAL SURGERY, Dr. John E. James, chairman. Associates, Drs. C. M. Thomas, W. C. Goodno, W. B. Trites, Malcolm Macfarlan. Will report October 11th, 1883.

5. OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY, Dr. Horace F. Ivins, chairman. Associates, Drs. P. Dudley, W. H. Bigler, C. B. Knerr, C. Bartlett. Will report November 8th, 1883.

6. ZYMOSES AND DERMATOLOGY, Dr. J. B. Kniffen, chairman. Associates, Drs. Isaac G. Smedley, George T. Parke, T. F. Conover, T. S. Dunning. Will report December 13th, 1883.

7. MATERIA MEDICA, Dr. Joseph C. Guernsey, chairman. Associates, Drs. Henry N. Guernsey, E. A. Farrington, J. C. Morgan, Duncan Macfarlan. Will report January 10th, 1884.

8. CLINICAL MEDICINE, Dr. E. Boylston Jackson, chairman. Associates, Drs. F. O. Gross, Theo. J. Gramm, J. B. S. Egee, and W. W. Van Baun. Will report February 14th, 1884.

9. OBSTETRICS AND GYNÆCOLOGY, Dr. Isaac G. Smedley, chairman. Associates, Drs. B. F. Betts, O. S. Haines, J. N. Mitchell, W. K. Ingersoll. Will report March 13th, 1884.

This make-up shows thirty-eight individual members, representing all elements of the practice of medicine and surgery engaged in bureau work.

Our membership now is one hundred and thirty-eight, an increase of fourteen over last year. May we not hope to see an increase to two hundred at the close of another year? Let every member solicit an eligible physician to come in and enjoy the rights and privileges of so honorable and harmonious a body as ours, and to aid in increasing its efficiency in the furtherance of homœopathy.

We are glad to note the increasing number of smaller organizations, composed mostly of younger men, springing into existence. These should direct their attention, however, towards the County Society as the representative body, and by increasing her power and usefulness, add to their own.

The great success of the Library and Reading-Room Asso-

ciation is a matter for hearty congratulation. This association, in securing the libraries of the late Drs. Hering and McClatchey, has done a wise thing. Every member of the County Society should become a member of the Library, and give the support the enterprise merits.

Our general hospital is not in so flourishing a condition as we could wish, but it pleases us to note the success of the two children's hospitals. The new building of the Children's Homœopathic Hospital of Philadelphia is beautifully located, and the internal arrangements command admiration. What a boom for homœopathy, if a large general hospital could be as prominently located and as well arranged sanitarily.

To all matters pertaining to our special duties as a committee, we have given much thought and no small amount of labor.

As to *medical education*, we refer with pleasure to the aim of the faculty of the Hahnemann Medical College of Philadelphia, in providing a thorough and *practical* course of instruction. A new college building, with increased hospital facilities, will, we are assured, largely increase the matriculants, and doubtless the teaching facilities. Whilst it is expected that the faculty shall exercise care to graduate men who will be ornaments to the profession, it is unreasonable to ask them alone to provide us with safeguards. We, therefore, invite your serious consideration to the following resolution referred to us at a former meeting, viz.:

"Resolved, That the Standing Committee on Medical Education be instructed to consider and report upon the expediency of providing for the preliminary examination of persons desiring to engage in the study of medicine under the preceptorship of members of this society, the awarding of certificates to those found qualified for the study of medicine, and the adoption of other measures designed to encourage such persons in their studies."

It is well known that the Allegheny County Society exercises a censorship as herein provided, and we have addressed a communication to one of its leading members, who gives us the following information: "A member of the society who would take a student in medicine without the approval of the Executive Committee, would render himself liable to whatever action the society might see fit to take in the premises. The degrees of B.A., M.A., or a teacher's certificate (State or County) would of course be accepted by the committee as proper literary qualification. The question of moral or phys-

ical qualities might come up and would then have to be settled as in their judgment might seem best. Where they do not possess any diplomas, the examination consists of history, English grammar, some Latin, etc., together with the presentation of a short article, on any subject, in the handwriting of the applicant. The rule is mandatory upon the members, but has no bearing upon students who purpose entering the offices of those not members of the society. The monthly report of the Executive Committee gives the names of the applicants and the result. The student has no relation to the society (except the courtesy to a visitor if he desires to attend its meetings), unless he makes application for associate membership. The rule was adopted for mutual protection, and in order to relieve the physicians from any hard feeling, should they be compelled to refuse any of their patrons the privilege of becoming students of medicine through unfitness. Again, it gives the students a moral backing to be able to show the indorsement of the society." We are so favorably impressed with the resolution submitted to us that we heartily commend it to your most earnest consideration. We believe the only wise position for our society to assume on the subject is that of a strong censorship at the gateway to the profession.

The resolution on the sanitary inspection of public schools, referred to us some time ago, we have been bearing constantly in mind, communicating as opportunity occurred with parties on the board of public education, but up to the present time the board has not seen fit to appoint a school inspection committee. This should by all means be done, and our society should not be lax in its efforts to have this accomplished. Your chairman knows of one small school where thirteen children contracted mumps from one girl, who was allowed to come to school and mingle with the children. Mumps, as a rule, proves a mild affection, but the same degree of carelessness that allows such an occurrence as related to happen, may also give rise to the spread of more serious maladies. There can be no doubt that small-pox, scarlet fever, diphtheria, etc., are frequently communicated through the inexcusable haste of parents to send their children to school after they have recovered from them, or of permitting such of their children as have not been attacked by them, but who live in the same house with those who have, to go to school. In these respects our school regulations should be far more stringent than they are. A properly qualified board of inspection, we feel assured,

would prevent much sickness, for besides the contagious diseases, whose spread could be much retarded, other illnesses, such as colds, sore throats, pneumonias, etc., would be less apt to be suffered from, for no medical board would allow children to play in a yard in cold weather during recess, without any head or shoulder covering, which they are *compelled* to do under existing regulations. We trust our society will not lose interest in this matter, but push it to a consummation.

As a committee on *legislation*, our work has not been fruitful. However, we have done all that was possible, under existing circumstances, by communicating the wishes of the society to legislators respecting the bill before the last Congress on medical examinations for army, navy, and civil appointments, and the bills before the present State legislature to establish a State board of health, and to provide more dissection materials for medical colleges. The Blockley Hospital matter, as to the introduction of homœopathy therein, is still in the hands of a special committee, as is the matter of the introduction, in Philadelphia, of a night medical service. We have aided these committees as we had occasion, but nothing definite has yet been accomplished. Homœopaths still find themselves excluded from participating in the medical management of Asylums for the Insane in this State, as well as from all other governmental institutions, and this furnishes a reason for greater exertion on the part of those intrusted with the endeavor to secure our just rights. Let us hope that our next Standing Committee will be able to report a better state of things in April, 1884.

The report was accepted and placed on file, and it was decided to discuss its various suggestions at future meetings.

The society then went into an election for officers to serve during the ensuing year, with the following result:

President: Dr. W. B. Trites.

Vice-President: Dr. Samuel Brown.

Treasurer: Dr. R. C. Allen.

Secretary: Dr. C. Mohr.

Censors: Dr. A. R. Thomas, Dr. E. Boylston Jackson, Dr. M. S. Williamson.

Applications for membership were made by Drs. J. J. Jones, S. H. Quint (Camden), E. Everett Davis, and Louis P. Posey. Referred.

The society, after thanking Dr. C. Bartlett for his services as stenographer, unanimously reappointed him for the ensuing year. Adjourned.

1883.]

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., May, 1883.

No. 5.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

HOMŒOPATHY'S CLAIMS.—In a recent number of the *New York Medical Journal*, Dr. H. G. Piffard undertakes to give the status of the medical profession in the State of New York.

Whatever may be said of the present status of physicians there, the history of their doings, so frankly exposed by Dr. Piffard, reflects sadly on their past status.

It appears that ever since the "regulars" laid down a set of iron-clad laws for the government of their corporations, the members of the New York State Medical Society have been vying with their political contemporaries in the practice of mean diplomatic tricks for the suppression and ostracism of homœopaths and "other quacks."

"During the fourth decade of this century," writes Dr. Piffard, "a new form of irregularity appeared. I refer to the introduction of Hahnemannism or Homœopathy . . . This new form of heresy developed, not among the irregulars, but in the bosom of the profession itself." So, at least, our noble blood is acknowledged. But this same sterling quality,

which gave us the *grit* to secede from the school of Galen, rebels now against the offensive appellation of "irregulars." Dr. Piffard admits in his paper that homœopaths in general are educated physicians, but with a self-complacency born of the arrogance and self-conceit of his school, he claims that we are "irregular," while he and other advocates of his school, are "regulars." According to Worcester the word "regular" means conformable to rule; consistent with the mode prescribed, etc. Now, if the doctor can show any rule by which his school is governed, he can then claim the adjective regular. But whether he admits the truth of the rule by which we homœopaths are governed or whether he denies its truth, he must at least grant that, as a school, we acknowledge a rule and act conformably thereto. Therefore, we are "regulars."

But to return. "During this decade the number of professed homœopaths increased and their adherents and supporters multiplied. The heretics were still members of the county societies, and there was no easy way of ridding the societies of them against their will." So the courts were appealed to, but of course did not interfere. Then began diplomacy. In 1842 the Orange County Society, availing itself of its franchise to forbid new-comers from practicing "irregularly," prevented a homœopath from settling in that county. But success was short-lived. The same legal power that refused to bow to the bigotry of the allopathic societies, now protected an outraged free citizen and rightly deprived the organization of its abused franchise.

Unfortunately, however, this new law, which rescinded the franchise of the society, "also repealed the penal clause of the act of 1827, and virtually permitted any who chose, whether educated or not, to practice medicine in this State." So, so, then the alarming prevalence of quackery in New York lies at the doors of the "regular" profession, whose boast has always been that it protects the fraternity and a suffering laity!

"Homœopathy now had free scope to extend its influence, and, as the evils of sectarian medicine were most keenly felt in New York and Pennsylvania, these States were among the foremost to consider how they might be averted. The result was the birth of the American Medical Association." Just think of it, this august and dignified organization owes its birth to the free scope of homœopathy! Confessedly its cause of existence was to deal an "effective blow against the new-born heresy, by absolutely excommunicating the homœopaths

as a body from professional recognition and intercourse." And it took pains "*that the public at large should know it.*" (Italics are ours.) Well may Dr. Piffard add that this, from a medico-political standing-point, was exceedingly unwise; but we differ with the doctor as to the development of the consequences. He would have it that the public, tired of "bleeding, purging, puking, blisters and salivation," took to the mild means of the homœopaths. We aver that it was then as it is now the contrast in *effects* that leads to the transfer of favor.

In 1866, however, through the exertion of Dr. J. G. Adams, a corrupt legislature enacted a law permitting the expulsion of all "irregular" practitioners from the societies. "The term 'irregular,'" Dr. Piffard naively remarks, "was a little indefinite, but was commonly understood to include employing remedies or methods that in any way resembled or savored of homœopathy."

Shortly after this a physician was expelled from the Westchester Society for the heinous offence of using homœopathic globules to induce children to take the medicine (allopathic of course) which he prescribed for them; and, terrible to relate, *he bought these globules at a homœopathic pharmacy in New York!* The State Society, born to ruin homœopathy, confirmed the action of the county society.

We think we detect a vein of sarcasm in this paper of Dr. Piffard's, directed against his own fraternity, else why expose such chicanery and such puerile behavior as our quotations present? We opine that the doctor is striving to build a strong defence of the New Code of Ethics, which the New York Society, in a more liberal spirit, has finally succeeded in adopting. If so, his efforts are indeed promising.

Still, granting all this, what good will it do? Stanch homœopaths will never desert their so-called sectarianism to join the standard of the liberals. Assured of the efficacy of their law of cure, they have no relish for empiricism and mere experimentation. Their precepts are just and rational, neither warping their judgment nor abridging their freedom. They have schools in which is thoroughly taught every branch of a medical education. They number within their ranks specialists whose respective reputations are as unsullied and as extensive as can be claimed by their rivals.

But there is one right yet denied them. Can a Dr. Piffard help them to obtain it? We mean the right of a share in governmental appropriations and in the hospital work of

public institutions. Then let the New York Society and its sister organizations, exhibit that common justice which should belong to a free people, and permit seven thousand physicians, with millions of tax-paying clients, to receive their just share of governmental favors. And this they can do in the simplest of ways,—by ceasing to oppose.

IMPORTANT CHANGES AT WARD'S ISLAND AND MIDDLETOWN HOSPITALS.—At a meeting of the Board of Trustees of the New York State Homœopathic Asylum for the Insane (Middletown), held at the residence of Dr. Egbert Guernsey, New York City, the resignation of Dr. Wm. M. Butler, first assistant physician, was accepted, and resolutions expressive of appreciation of the doctor's services were adopted. Dr. Alonzo P. Williamson, of the Ward's Island Hospital, was unanimously elected to succeed Dr. Butler. We learn that T. Morris Strong, M.D., of Allegheny, Pa., will succeed Dr. Williamson, as chief of the Medical Staff of Ward's Island Hospital, New York City.

While the friends of homœopathy may regret the resignation of Dr. Butler from a position in which he had won the esteem of the profession and the confidence of the hospital officials, it is fortunate that the vacant office has been so wisely filled. The unanimous voice of the Trustees in appointing Dr. Williamson, is probably the almost unanimous voice of the American homœopathic profession. He has long made mental and nervous diseases a special study, at Middletown, at Ward's Island, and in Vienna, during all of which period, extending over eight years, he has had large opportunities for personal observation and experience in treating the various forms of insanity. He also possesses unusual executive ability combined with rare geniality, just the sort of a character, we should think, needed in a hospital for the insane. It may be worth while to add that between him and the superintendent, Dr. Selden H. Talcott, there subsists the warmest friendship and mutual confidence.

Dr. Williamson is a son of the late distinguished Walter Williamson, M.D., of Philadelphia. He graduated in Medicine at Hahnemann Medical College in 1876, and served on the House Staff at Ward's Island Hospital during the remainder of that year. In 1877 he acted as first assistant to the Middletown Asylum during the temporary absence of Dr. Butler. In 1878 he went to Vienna, where he pursued his studies for a year, returning to spend another year as special pathologist in the Middletown Hospital. In April, 1880, he

was chosen chief of staff of the Ward's Island Hospital, a position which for three years he has filled with such complete success as to defy the adverse criticisms of his allopathic opponents and secure the highest confidence of his superiors, the Commissioners of Public Charities and Corrections of New York City.

Dr. T. M. Strong, who succeeds Dr. Williamson as Chief of the Medical Staff at Ward's Island, is also well and widely known. He graduated from the New York Homœopathic Medical College in the year 1871. Most of the subsequent years he has spent in private practice in Allegheny City, Pa. He has been an active worker in his County and State Medical Societies—in both of which he holds the responsible position of secretary,—and in the Pittsburgh Homœopathic Hospital and Dispensary. At the last meeting of the American Institute of Homœopathy he was elected its Provisional Secretary. Possessing a taste for literary work, he contributes largely to the *New York Medical Times* and other journals.

DARWINISM AND BACTERIA.—And now comes another terror to frighten poor mankind and to render life's uncertainties still more uncertain.

Several years ago when Darwin suggested—not asserted, simply suggested—that man is derived from the monkey, one of our illustrated weeklies, through the energy of an “artist on the spot,” brought forth a vivid picture of an indignation meeting, in which baboons, apes, and chimpanzees were most conspicuous. Their fury at the insinuation of man's derivation from them, knew no bounds. As we timorously viewed the picture, we thought of the direful consequences which might follow, if the whole monkey family were to begin a war of extermination against us. But so great was the opposition to Darwinism, that the wrath of our progenitors became somewhat appeased, and our fears proportionately subsided.

But alas! new dangers stare us in the face. Some one has recently declared that there is an “origin of species” invariably associated with the Bacteria developments. What if this incipient evolution were to rise into the dignity of quadrupeds, and still preserve the voracious character of the primal bacteria?

At first we rested in the comforting but somewhat selfish suggestion that it would take years for such a development; but information concerning the rapid growth of bacteria—that one bacterium may, within twenty-four hours, develop into

millions—leads us to fear that these prolific pests may very, very soon loom up before us as giant disease-producers, and exterminate the entire human race! “Impossible,” is it said? We reply, if Darwinism is possible, then is this possible.

Notes and Comments.

WE are greatly interested in Dr. Bradshaw's cases, reported in the *Homœopathic World*. They are plain, simple, and instructive.

A CONTEMPORARY is guilty of the following jeu de mots: A compounder of drugs is the same as a helper on a farm,—they are both pharmacists (farm-assists).

THE ILLUSTRATED WORLD is a new weekly, published at Philadelphia. If subsequent numbers equal the specimen copy, the paper can take rank with any of its kind. We wish the energetic editor success.

It seems that no less than fourteen prominent medical journals of the old school have either indorsed or have gracefully submitted to the action of the New York State Medical Society, in adopting the New Code of Ethics. We wish we could add that one of these fourteen was a Philadelphia journal.

MOONLIGHT ON NIAGARA.—The moon will rise full and round, over Niagara's rapids, on the evenings of June 19th and 20th. It will furnish a spectacle worth travelling a long distance to see; but we tremble for its effects upon our bachelor friends, including some high in authority in the American Institute.

APROPPOS of the youthful barrister who, stumbling over his maiden speech, was curtly reminded that the court was impatient, but who recovering delivered himself handsomely, a student was being examined in anatomy, but failed to answer a very simple question. In an instant all his years of study became a blank. “John,” exclaimed the professor to his servant, “go to the stable and bring me some hay for this—.” “Bring enough for two,” was the reply, before the enraged teacher could name the animal with long ears. The subsequent examination was severe, but it demonstrated that the student at least needed no hay.

MEDICINE FOR COSTLINESS.—A “French” nurse, possessing some such name as Bridget, which of course, as Mark Twain says, is pronounced Bri-ja, came into our office the other day and requested some medicine for Mrs. —'s baby. “What's the matter with it?” “Shure, its very *costly*, it is, and my mistress wants something to cure its *costliness*.” As the baby was six months old and our attendance fee had not yet been paid, we concluded a bill would be the nearest to the similitum. But, upon second thought, we subdued our parsimony and sent a bottle of Alumina. The *costiveness* is cured, but the *costliness* still remains, and as it is becoming chronic we fear there is but little chance of recovery.

HURTFUL EFFECTS OF CARBOLIC ACID.—Advocates of Déclatisme will do well to consult the excellent remarks of Lionel Beale concerning bacteria (see “Slight Ailments”), and also to ponder well over such testimony as the following: Carbolic acid has done so much harm, perhaps it would have been better if we had never heard of it (Lawson Tait); Carbolic spray will not always prevent septicæmia; sometimes it produces serious effects, such as renal hæmorrhages (Dr. Keith). A recent attempt in Paris hospi-

tals to apply Carbolic acid treatment to the cure of typhoid fever was followed by disastrous consequences, the mortality having been something shocking, even to the allopathic mind and conscience (Dr. R. E. Dudgeon).

THE REASON WHY.—The New York liberals say that ostracism of homœopathists was “all well enough in former times, when men, pretending to be homœopathic doctors, were often ignorant and uneducated, but the same custom should not prevail to-day, when the homœopathic physicians are supposed to have had a scientific education.”—*New York Herald*. We feel very much flattered. The homœopathic doctors of “former times” must have acquired their “ignorant and uneducated” character from the allopathic colleges, in which nearly all of them graduated, while the “scientific education,” ascribed by these liberals to the homœopathic physicians of to-day, was, of course, obtained at the homœopathic colleges in which the large majority of them received their instruction. No wonder Bellevue Hospital College is intensely disgusted with the liberals.

New Publications.

THE DISEASES OF WOMEN, a Manual for Physicians and Students. By Heinrich Fritsch, M.D. Translated by Isidor Furst. With 159 wood engravings. The March issue of *Wood's Library* for 1883.

It is a sad commentary on womankind that her needs require the printing of so many books on gynæcology.

The “coming man,” in a pecuniary sense, is certainly he who makes a success, not in midwifery, but in the treatment of diseases of women. This fact seems to be pretty generally recognized, judging from the number of young physicians who are turning their attention in that direction, and from the number of older physicians who are seeking laurels by additions to gynæcological literature.

The necessity for such books lies, unfortunately, in woman's persistent disregard of the laws of health. If we eliminate deformities, accidents, and such cases as arise from mere force of circumstances, we still have a very large majority of ailments of females due wholly to improper dress, faulty education in hygiene, and most potent of all, to the prevention of conception.

But be the causes what they may, the results are apparent in the alarming prevalence of sickness among women, and we therefore feel that the literature of gynæcology, if filled with useful information, cannot be too voluminous or extensive.

The work before us is neatly printed, well illustrated with wood engravings, and, in general, clearly written, although the translation, in many places, is not freed from German idioms, and so runs less smoothly than we could wish.

The author introduces a few of his inventions, such as forceps for the painless introduction of ring-pessaries, catheters, trocar, uterine dilators, leg-braces, for holding the legs while the physician is operating, etc. These are inviting to operators.

He is a strong advocate of antiseptic treatment, and devotes several pages to this important subject.

Nothing new is given concerning those troublesome flexions of the uterus, so we must still persevere with the unsatisfactory means at hand.

The author very properly contends, that even the general practitioner should be able to perform perineorrhaphy. We cannot, however, agree with him when he objects to Emmet's operation for lacerated cervix, or, rather, of the necessity for the operation. Emmet, with the enthusiasm of a discoverer, goes too far in ascribing ill-effects to non-united cervical lacerations. But foreign writers, indifferent to American improvements, are apt to reject them utterly, or to greatly depreciate their value. It does not follow, because lacerations are found without symptoms, that therefore the gynecologist should be skeptical as to the necessity of operation. And still more inexcusable is such skepticism since reputable physicians have furnished numerous proofs of the wisdom of Emmet's advice. F.

Gleanings.

A SIMPLE PRESCRIPTION.—In an old Pharmacopœia, dated 1653, we find the following *Elixir Vitæ Matthioli*:

R. Cinnamomi acutissimi, ʒiij.	R. Pha. minoris rad., ʒss.
Zingiberis, ʒss.	Pyrethri rad.,
Sant. citr. vel Ligni rhodii, ʒiij.	Asari " } ʒj.
Zedoariæ, ʒij.	Fol. matris sylvæ, ʒij.
Caryophyllorum,	" thymi,
Galanga,	" basilici,
Nucis moschatæ,	" calaminthi,
Macis,	" pulegii,
Cubebæ, } ana ʒss.	" menthæ,
Cardamomi,	" serpylli,
Piperis longi,	" majoranæ,
" nigri,	Flor. rosarum recent. contusa et
Sem. coriandri,	sale condit., ʒiij.
" anisi,	Flor. salviæ,
" fœniculi,	" betonicæ,
" pastinacæ,	" rosemarini,
" apii, ʒij.	" stœchadis,
Rad. angel,	" borraginis,
" calami aromat. } ana ʒss.	" buglossæ,
caryophyll.	Cortis. citri recent. extin., ʒij.

Cut and bruise coarsely, and mix with spirits of wine.

Notice how systematically the old compounder arranges the ingredients; first, the sharpest cinnamon, followed by other spices, etc., then seeds, then roots, leaves, and, finally, flowers.

A SCALY MEDICINE.—Zwelfer's *Præparatio Cranii Hominis*.—The scrapings (rasuræ) of a human skull, hung or beheaded, freed from all uncleanness and fat, are beaten and besprinkled in a mortar with a sufficient quantity of water of the Lily of the Valley, and then dried. Afterwards pulverize again, put into a mortar with a sufficient quantity of the water of the Linden flowers, then mix similarly with the water of the flowers of the

Pæonia. And, lastly, mix to a paste with the water of black cherries. Serve this most subtle powder as needed.—Translated from Zwelfer, *Classis XIX.*

In these days, when the lily of the valley is in such demand, it is refreshing to read how they used this plant in the good old days of yore.

THE SEMICIRCULAR CANALS.—According to Stefin, the cells of Purkinje in the cerebellum are in close relation with the semicircular canals, so that when the latter are destroyed, the former elements atrophy.—*N. Y. Medical Record*, April 14th, 1883.

UREA AS A MEDICINE.—Allen, in his *Encyclopedia*, publishes the effects of urine upon a man, who drank in the morning the urine passed the night before. He also publishes the experiments of Professor Mauthner with Urea in cases of dropsy.

Dr. Belrousoff recommends Urea as a valuable substitute for that costly article, Quinine. And now Dr. Ameke, of Berlin, professedly a homœopathist, employs Urea as a biochemical drug. He used it in the 3d or 4th centesimal dilution in catarrhal gastric fever, with a success of three to one; in pharyngitis acuta, seven successful and one unsuccessful; in tonsillitis, with four failures; in erysipelas, with two successes; in conjunctivitis, with three successes. In five cases of scarlatina the fever declined after from twenty-four to forty-eight hours. But a typhus abdominalis, which had been treated three weeks without benefit, terminated fatally, after eight days' use of Urea.—For further particulars, see an elaborate treatise in the *British Journal of Homœopathy*, April, 1883.

STILL ANOTHER REMEDY FOR MORNING SICKNESS.—Indian corn, parched and slightly salted, is recommended as a remedy for the vomiting of pregnancy.—*Medical and Surgical Reporter*.

NATRUM MURIATICUM IN WHOOPING COUGH.—When watering from the eyes, particularly when "the tears stream down his face whenever he coughs," is a prominent symptom, *Natrum mur.* will be found to cure.—Dr. J. C. Burnett, *Homœopathic World*, April 2d, 1883.

ASARUM CANADENSE.—This plant was proved upon some women students several years ago by Dr. Winterburn. Though fragmentary, they reveal something of the general character of the drug. The tincture, administered in doses varying from a scruple to a half-ounce per day, caused smarting, burning in the mouth; then, a cold sensation produced by mucous secretion; nausea, inclination to vomit; in one case, vomiting of a sour fluid. Flatus in the stomach and the bowels, followed by loose, light-colored stools. Frequent urging to urinate; urine unchanged. Menses too early, too free, and of a rather dark color, with pain (uterine colic).

The provers were excessively nervous, with a dull, stupid feeling during the day, and restless sleep at night.

Chilly, as if insufficiently clothed; no fever. Muscular twitchings here and there, as if cramps would set in.

It is recommended in nasal catarrh, with headache from suppressed discharge; labor-pains excessive, with much erethism impending abortion. Menorrhagia or metrorrhagia in nervous women. In a case of recto-vaginal fistula, guided by the chilliness of the drug, *Asarum* was used as an injection, and also internally, and ultimately cured. Other remedies had been given in vain.—*The American Homœopath*, April, 1883.

These symptoms do not differ very materially from the known effects of *Asarum Europæum*. The uterine symptoms, however, are more definite than the single observation of Ray that *Asarum e.* is abortifacient.—See *Materia Medica Pura*.

SANITARY LEGISLATION.—The new sanitary ordinance before Philadelphia Councils provides that each building must be connected with its own sewer; that house-drains must be made of iron, and, if the chemicals used would corrode iron, glazed pipes may be used; that soil and escape-pipes must be of iron. The city is to be divided into five districts, and an experienced inspector is to be appointed for each district. This inspector must be, by the conditions of the ordinance, a plumber. The *Medical and Surgical Reporter* says, truly, that a physician of sanitary repute should have had this appointment. The Chief Engineer and the Surveyor have charge over the drainage of all buildings hereafter to be erected, and all designs, agreements, and specifications must be submitted to them.

FALSIFICATION OF BRANDY.—A lamentable picture has been drawn in a recent report of the American consul at Rochelle, of the falsification of brandy, which, it appears, has in the last three years undergone a complete transformation, and is no longer brandy, potatoes, or beets. The most unsatisfactory circumstance is that even the merchants who desire to purchase a pure cognac cannot be certain that they do so, for the proprietors of the vineyard, all of whom are distillers, have become so clever in the manipulation of alcohols and the accompanying drugs, that they deliberately make a brandy of any required year or quality.

The mention of the years 1849 or 1876, for instance, in an invoice or on a label, means simply that the article is presumed to have the taste or color of the brandies of those years. The increasing importation of German potato and beet alcohols into the Charente ports is an additional proof that the less brandy that is consumed the better for the health and intellect of the consumer. It is, moreover, becoming the custom to sell the brandy in twelve-bottle cases, marked with one, two, or three stars, according to the presumed quality, thus avoiding any compromising mention of year or place of production.

Some of the manufacturers import the small raisins from the East, and make what they call brandy from the juices, there being at least one such establishment in operation at Cognac.

Apart from the unsatisfactory purchase of a brandy which is not a brandy, drinkers should seriously consider what are the properties of the liquid which they are so complacently imbibing. It is simply an active poison, the imported alcohol, which is known to the trade as "trossix," being of 90° strength, and sold at a little less than three francs a gallon. Its characteristic effect is to produce an intoxication in which the patient is especially inclined to rage and physical violence, while insanity, of an obstinate and almost hopeless form, is the inevitable consequence of a prolonged use of it.

It is said that the great increase of violent and brutish crimes in France may be traced to the drinking of this brandy, and to absinthe.—*New Remedies.*

CAMPHOR MONOBROMIDE.—A patient of the late Dr. Beard received small doses of the Monobromide of Camphor, which appear to have developed novel effects. The most characteristic effect seemed to be such a sensory impression as to lead him to feel that he was journeying in one direction, when actually he was moving in the opposite. For instance, riding in a New York Elevated Railway car, and seated in a dozy, trance-like condition, yet with eyes open and senses acute, he imagined he was "turned around," that he was going south instead of north. And yet, passing familiar objects and streets, he *knew* that his course was northerly. Getting out at Twenty-third Street, and walking to Twenty-eighth, he was possessed constantly by the *feeling* that he was going in the wrong direction, though, guided by the numbers on the houses, he knew that his route was

correct. Suddenly, all would be right again, only to become again perverted with a repetition of the medicine.—See *New York Medical Times*, April, 1883.

PERMANGANATE OF POTASH IN AMENORRHOEA.—The experiments of Drs. Ringer and Murrell, published in the *Lancet*, and reproduced in the *Therapeutic Gazette*, show that Potassæ permanganas, in doses of one or more grains, is useful in amenorrhœa. It fails in advanced phthisis, and is, naturally enough, somewhat uncertain in effect at the time of puberty, before menstruation is established. But, in most instances, even after the failure of iron, aloes, nux vomica, etc., it acts admirably.

That the results are due to the manganese, and not to the potash, is proved by the fact that the binocide of manganese and combinations with soda act equally as well.

It is not a little interesting, in connection with the dispute as to the value of manganese in anæmia, that the permanganate not infrequently brings on the menses, without in the least improving the anæmic state of the patient.

Patients frequently complained, after taking the pills, of a feeling as if something had stuck under the upper part of the sternum, and would not go down. One described it as of a burning character; another, as like heartburn; and still another, as like a lump in the chest.

ILL EFFECTS OF HURRY AND WORRY.—It is not "overwork," but worry that kills. Our men of brains might do a great deal more than they do, if only they were less feverish in their haste, less harassed by worry, and less wasteful of energy. We are all too much in a hurry about what we do. We have too many irons in the fire, too much business on hand at the same instant, and are far too energetic in our endeavors. With deliberation, calmness, and such reserve of strength as result from perfect restraint, a man may do an infinity of work, without either trouble or injury. Breathless haste, eager anxiety, and an excessive expenditure of energy are the outcome of modern activity, whether in this country or on the Continent.—*London Lancet*.

PRACTICAL HINTS ABOUT GLASSES.—When, during reading, the eyes become dry, and when it is necessary to place an object nearer than fourteen inches from the face, glasses are needed.

Persons under forty years of age should not wear glasses, until the accommodative power of the eyes has been suspended, and the exact state of refraction determined by a competent ophthalmic surgeon.

Spectacle-glasses sold by peddlers and by jewellers generally, are hurtful to the eyes of those who read much, as the lenses are made of inferior sheet-glass, and are not symmetrically ground.

No matter how perfectly the lenses may be made, unless they are mounted in a suitable frame, and properly placed before the eye, discomfort will arise from their prolonged use.

Persons holding objects too near the face endanger the safety of their eyes, and are in danger of becoming nearsighted.

The nearsighted eye is unsound, and should be fully corrected by a glass, notwithstanding the fact that it may need no aid for reading.

The proper time to begin to wear glasses is just as soon as the eyes tire on being subjected to prolonged use.

Avoid all dealers who advertise testimonials of skill.—*Medical Herald*.

MATERIA MEDICA NOTES.—*Convallaria Majalis* and *Chionanthus Virginica*.—Through the kindness of Dr. Lilienthal we are in receipt of ad-

vance sheets of the *North American Journal*, containing provings of *Convallaria Majalis* and *Chionanthus Virginica*.

The first named of these drugs was proved by Dr. Irvin J. Lane, Mrs. C. E. Lane, and Dr. J. A. Vansant, and constituted Dr. Lane's thesis for graduation from the New York Homœopathic College. The second, also the subject of a thesis, is the proving of Dr. John Z. Lawshé.

Dr. Lane used a tincture prepared by adding seven parts of water and alcohol to one of the fluid extract of the flowers of the Lily-of-the-Valley.

In both sexes *CONVALLARIA* causes colicky pains, fulness in the hypogastrium, with soreness, worse from sneezing, coughing, and the like, and with desire for stool. The evacuations are, at first, normal, with smarting at the anus (in the male prover), but afterwards they become thin, brown, and offensive, with tenesmus.

Both sexes suffer from sore aching in the lumbar region. In the female there were, in addition: labor-like pains in the sacro-iliac synchondroses, extending thence across the pelvis, and once up the back, when nausea and faintness supervened. The uterus felt as if it had descended and was retroverted. There was also a cord-like pulling from the navel to the pelvic organs. The lady felt better when sitting leaning forwards. In the morning, on raising the head from the pillow, she felt faint and dizzy, as in morning-sickness; relieved by vomiting mucus.

She also suffered from hot, suffocating feelings, with slight sweat; fluttering of the heart, and a sensation as if the heart stopped beating and then started again, causing a faint, sick feeling.

In the male prover, the heart, according to a thorough examination by Professor Dowling, was weak in its action, with a weak, compressible pulse; dicrotic pulse; anæmic murmurs over the jugular vein; radial pulse imperceptible when the arm is extended above the head.

The urine contained an excess of phosphates and also a small percentage of sugar.

There is room to question the cause of this sugar, since it was detected during the first day of the proving and disappeared later. But Dr. Lane records that the urine was normal when he commenced his work, and another prover, James A. Vansant, who supplied a few symptoms, observed "traces of glucose" on the ninth day. The urine was normal before commencing his provings. So we cannot discard this symptom. We must await further developments.

The depressing influence of the *CONVALLARIA* is further shown in the following: weakness, prostration, sallowness of the face, temperature lowered to $97\frac{1}{2}^{\circ}$.

If these brief provings are genuine, *CONVALLARIA* is a valuable addition to our materia medica. It affects the vaso-motor nerves, which are weakened. There follow, as a consequence, sweat, hot flushes, soreness of the tissues, feeling of abdominal fulness, weak heart, etc.

As the drug has an affinity for the lower parts of the abdomen, the hypogastrium soon becomes sensitive, as does also the lumbar region, and smarting of the anus, diarrhœa, and colic, show its effect upon the bowels. In the female doubtless the uterus is congested and falls out of place.

But, further, there is a depressing effect upon the vital powers, and there are also organic changes resulting from the action of the *Convallaria majalis*. All this is apparent in the lowered temperature, the "smoked-color" face, weak heart-muscle, general prostration, and in the condition of the urine, which contains sugar and an excess of phosphates.

It ought to be useful in anæmic women with weak heart and weak uterus.

It compares with *SEPIA*, *LILIUM TIG.*, *HELONIAS*, and, of course, *DIGITALIS*. If the modality "better sitting leaning forwards" is characteristic, it will afford a convenient differentiation. F.

CHIONANTHUS VIRGINICA.—Dr. John Z. Lawshé, of Atlanta, Ga., in making his brief but excellent proving of the “Fringe tree,” used a tincture made from the bark of the fresh root, allowing the tincture to stand six weeks before decanting.

Briefly stated, it caused headache, sore bruised feeling in the eyes, drawing pressing at the root of the nose; nausea, bitter eructations; tongue coated with a thick, dirty-yellow fur. Vomiting of dark-green bile, followed by cold sweat. Pains in the bowels; about the navel there is a feeling like a string tied in a slip-knot and suddenly drawn tightly for a minute and then gradually loosened.

Stools are watery, dark and offensive; at one time they were watery and flaky, the flaky portion being dark-yellow; the liquid dark-green, with a surface foam of light-green, streaked with a white mucus-like substance. Flatus and feces passed together.

Chilly sensations darting through the body from front to back; forehead feels hot; nervous, cannot sit still; involuntary jerks in various parts. Sore, weak, bruised feeling, all over.

Dr. Lawshé says that his is the first and only proving of *Chionanthus*. It is the best, but not the first. In Allen's *Encyclopædia*, vol. x., are recorded effects upon three persons. They are taken from the *Eclectic Medical Journal*, and bear the date of May, 1876—seven years prior to Dr. Lawshé's experiments. (For full symptomatology see *N. A. Jour. of Hom.*, May, 1883.)

News, Etc.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN meets at Madison, June 12th, 13th, and 14th, 1883, commencing its session, June 12th, at 3 o'clock P.M., in joint session with the Western Academy of Homœopathy.

JOSEPH LEWIS, M.D., Secretary,
Madison, Wis.

A NEW MEDICAL UNION.—A society, called the Medical Union, has been formed recently in London, having for its object a means of bringing into close relationship the students of the various London medical schools. Conversaciones are held, and addresses are given by eminent practitioners.

PHILADELPHIA HOMŒOPATHIC EYE, EAR, THROAT, AND SURGICAL DISPENSARY.—This dispensary makes the following report for the first year of its operations, ending April 31st, 1883. Cases treated, 1458; of these, there were 278 eye, 495 ear, 447 throat, 182 medical, and 66 surgical cases. Dr. L. M. Hickman is the surgeon in charge.

THE AMERICAN PÆDOLOGICAL SOCIETY will meet at Niagara Falls, New York, June 18th, 1883 (the day before the meeting of the American Institute), headquarters at the International Hotel. Letters of inquiry, and titles of papers should be sent early, to the Secretary, L. C. Grosvenor, M.D., 185 Lincoln Avenue, Chicago, Ill. R. M. Tooker, President.

EUROPEAN TRAVEL.—Persons contemplating a trip to Europe, or any other part of the globe, either alone or with excursion parties, will find it to their advantage to investigate the numerous facilities offered by Thomas Cook & Son, the renowned excursion managers, of 261 Broadway, New York. Full particulars of their arrangements will be mailed free, on application, to any one interested.

LITTLE ROCK HOMŒOPATHIC DISPENSARY.—A Homœopathic Free Dispensary was started in Little Rock, Ark., on the 12th of August, 1881, of which the following is a concise report up to April 1st, 1883:

Whole number of patients treated, 1303; prescriptions, 5325; visits, 614; surgical operations, 76; obstetric cases, 30; average daily attendance, 10½.

F. P. GREEN, M.D., Resident Physician.

HOMEOPATHIC PHYSICIAN WANTED.—Dr. Ella F. Swinney, whose practice is very large in Smyrna, Del., is now looking for either a lady or gentleman practitioner as a successor. She goes out soon as a medical (Baptist) missionary to Shanghai, China, and will be the first *homœopathic* physician sent out by any board to that vast empire.

LOCATED.—J. J. STURGUS, M.D. (Hahn., Phila., '83), has settled at Connersville, Ind. He is associated in practice with Dr. A. C. Jones.

J. MONROE BEYER, M.D. (Hahn., Phila., '83) is at Norristown, Pa.

Dr. Beyer writes, in reference to Staunton, Va., that there are eighteen allopathic physicians there, but no homœopathist. He thinks a good, live man of our school might soon secure a good foothold there.

BUREAU OF HISTOLOGY AND MICROSCOPY, AMERICAN INSTITUTE OF HOMEOPATHY.—DEAR DOCTOR: Agreeably to the request of the General Secretary, the undersigned, Chairman of the above-named bureau, respectfully and *urgently* desires that members forward, on or about the 1st of May, to 345 Superior Street, Cleveland, Ohio, the *titles* of papers which they expect to present at the coming session of the Institute. Papers should be forwarded to the Chairman at least *one week* in advance of the session of the Institute.

Hoping that the coming report of our bureau may prove of more than usual interest, the Chairman confidently expects that each and every member will assist, by furnishing a suitable contribution in behalf of the interests of the Institute.

Very respectfully,

EDWARD S. SMITH, M.D., Chairman of Bureau.

HOMEOPATHIC LIBRARY OF PHILADELPHIA.—On Wednesday evening, April 11th, the members of the Homœopathic Library and Reading Room Association convened to examine the additions made to its library. Dr. Bigler, Secretary, stated that the Association, in addition to the large collection of Dr. Hering's books, had now upon the shelves six hundred volumes, purchased from the widow of the late Professor R. J. McClatchey, M.D. The catalogue contains nearly two thousand volumes, besides hundreds of journals and other pamphlets not yet classified.

He thought that the Association had great cause for rejoicing over its good fortune. In conclusion, he referred, in glowing terms, to the work, as the result, in the main, of the indefatigable efforts and untiring labor of the President, Dr. J. C. Guernsey. He moved, therefore, that a vote of thanks be tendered the President for his lion's share in the success of the organization. It is needless to add that this motion was carried unanimously.

Expressions of gratitude were also extended to Mr. Walter Hering, for an unsolicited gift of note-heads and envelopes; and to Mrs. McClatchey, who kindly donated the large and handsome bookcase which contained Dr. McClatchey's library.

The remainder of the evening was spent in social intercourse and in informal conversations relating to the best means for furthering the uses of the Association.

THE RED CROSS SOCIETY had its rise in Geneva, Switzerland, in 1863. It rapidly became popular, and in the wars of 1864 and 1866 and 1870, rendered such effective assistance that a more complete organization was demanded; accordingly its methods were embodied in a treaty composed of ten articles. The names of several European governments were successively added to it until, at the present time, it bears the signatures and seals of thirty-two nations.

The aim of the Society is "to ameliorate the condition of wounded soldiers in the armies in the campaign, on land or sea," also to furnish relief in time of widespread calamities, as cholera, yellow fever, etc.

The treaty provides for the absolute neutrality of all supplies, means for the transportation and the protection of surgeons, nurses, and others engaged in their work. The untold benefit arising from these provisions may be appreciated when it is known that in the European wars, the plans of this Society never once miscarried, but with the precision and regularity of clockwork supplies were forwarded without delay, from every quarter of Europe, traversing railroads free of expense, and passing through the enemy's lines, affording relief to both friend and foe. Field and marine hospitals were instituted in the most available locations, and the amount of work done by the medical staff was almost incredible.

Through the untiring efforts of Miss Clara Barton, this organization has lately been established in the United States. The National Society, which is the counterpart of other branches abroad, is established at Washington. All, however, owe allegiance to the International Society of Geneva.

The local Societies here have been several years in active work, and are already popular. The success of these organizations in relieving sufferers during the overflow of the Mississippi a few years ago has led to the incorporation of a Society in each of the principal cities between Chicago and New Orleans.

In the prosecution of such work as this, we have the pleasure of knowing that our alms will not be misapplied, but that the best possible use will be made of every contribution. Emergencies are liable to arise in the most unexpected quarters, and in the provisions made for them, that charity will be considered greatest which promptly and efficiently relieves the destitute and suffering.—*New England Medical Journal*.

ANNUAL MEETING OF THE PITTSBURGH HOMŒOPATHIC HOSPITAL CORPORATORS AND TRUSTEES.—The annual meeting of the corporators and managers of the Homœopathic Hospital was held in the temporary quarters now occupied on Second Avenue, adjoining the new hospital building. The report of the Executive Committee stated that the removal of the old hospital to make room for the one now in course of construction necessarily interrupted the regular hospital work, the dispensary department, however, continuing in full operation in an adjoining building, purchased and temporarily fitted up for the purpose. The physicians in charge of this department answered to some 12,000 applicants for treatment during the year. The current expenses amounted to \$1803.16, more than half of which was for the first quarter, during a portion of which a few patients still remained in the hospital. The cost of maintaining the dispensary department is about \$1000 per year. The current debt at the end of this year was \$168.27, which, with \$3000 advanced by friends of the hospital without interest to pay the current debt remaining from last year, constitutes a floating debt. The loan was made upon the strength of a bequest recently left the hospital, which will probably soon be received and applied in liquidation.

The amount remaining in the treasury at the beginning of the year was \$97.37; appropriations from the State, \$50,000; contributions paid in, \$41,915; interest received upon deposits, \$1354.10; contributions from the Ladies' Association of the hospital, \$1300. This latter does not include the proceeds of the Rive King and Mozart Club concert, which realized \$1294, and was not received by the hospital treasurer until after the close of this fiscal year. Other contributions amounted to \$744.45, making a total of \$95,502.42.

The disbursements during the year were as follows: for current expenses, principally of the previous year, \$3546; in payment of a mortgage held by the Western University, \$7540.27; in purchase of adjoining house and lot, now used as temporary dispensary, \$8150; for repairing the house

\$161.09; in payment of warrants to the contractor of the new hospital, \$43,952.96; making a total of \$63,350.42. The balance in the treasury is \$32,153.50. As receivable, it can be noted that there are contributions of \$8500 not yet paid in, and bequests to the amount of \$10,000 not yet received. The cost of the new hospital building will be \$107,000 in round numbers. This, however, does not include the plumbing, steam and gas fitting, the elevators, and certain items of hardware and finishing. From the best information, the cost of completing the structure ready for furnishing, will be \$28,000. It will be absolutely necessary to secure the adjoining lot on First Avenue back of the temporary dispensary, at a cost of \$8000, making a total of \$43,000. The condition of the building fund is as follows: Amount to the credit of the fund and receivable, \$105,000. This has been reduced by the purchase of adjoining property, and the payment of the mortgage above noted, by the amount of \$15,690. The available building fund, \$90,000, as against the amount required, leaves, therefore, \$53,000 yet to be raised to complete this noble work.

The annual report of the Ladies' Association of the hospital was presented by Mrs. D. McCandless, Secretary. It recounted more in detail the work noted in the Executive Committee's report.

The Building Committee reported that bids were opened for the new hospital on June 8th, of last year, and the contract for the construction of the building awarded to Richard McCain, for \$106,835, which includes everything, except plumbing, gas, steam-fitting, and hardware. Work was pushed rapidly until December 8th, when a meeting of the Building Committee was held, and it was decided to instruct the contractor to stop work for the winter after he had put the building in such thorough condition as to protect it from the weather. Work was resumed early this month, and will be pushed with all possible vigor. There is every prospect that the building will be ready for occupancy before the severe cold weather sets in again.

THE ETHICAL STRUGGLE IN NEW YORK CITY.—Within the last few days the controversy between the adherents of the respective codes of ethics in New York has assumed a peculiarly personal and acrimonious character. Indeed, it seems at present not improbable that it may result in a complete division of the allopathic school into two antagonistic factions. The conflict has already made its influence felt even in the colleges, and Dr. Joseph W. Howe has been ordered either to recede from his position of "liberalism" or to resign his professorship in Bellevue Hospital College. (He was Clinical Professor of Surgery.) He at once chose the latter alternative. It is, however, in the society known as the "Academy of Medicine" that the fight has acquired its greatest intensity.

It seems that on Thursday evening, April 19th, through the efforts of Dr. Austin Flint, Jr., and others, the meeting of the Academy was packed, so it is alleged, with the friends of the *old* code, and, in spite of the efforts of the liberal party, a set of resolutions was passed declaring the adherence of the society to the American Medical Association and its time-honored(?) ethical(?) rules. The session was a very stormy one, and ended by the resignation of the President, Vice-President, and other officers. On the following evening a private gathering of the liberals was held at the residence of Dr. Jacoby, the proceedings of which were reported in the *New York Herald* as follows:

To many thousands of physicians in the State of New York and throughout the Union the private meeting that was held last evening at the house of Dr. Jacoby, in West Thirty-fourth street, will have more significance than any meeting of the Academy of Medicine that ever took place in this city. In fact the main object of this meeting was to undo in a quiet way what had been done at a regular meeting of the Academy on the evening previous. This recent trouble, which has so thoroughly aroused the lead-

ing lights of the medical profession, is all about their code of ethics. The present prevailing code prevents the so-called regular practitioner from holding consultations with homœopaths. The liberal regulars say that, while this was all well enough in former times, when men pretending to be homœopathic doctors were often ignorant and uneducated, the same custom should not prevail to-day, when the homœopathic physicians are supposed to have had a scientific education.

Drs. Austin Flint, Jr., S. S. Purple and J. W. Gouley are the recognized leaders of the anti-homœopaths in this city, while Dr. C. R. Agnew and Dr. D. B. St. J. Roosa lead the liberal hosts. At the meeting of the Academy of Medicine Thursday evening the Flint party stole a march on the liberals by having adopted a set of resolutions the aim of which was to perpetuate the present code of ethics of the American Medical Association. "Never in my life was I so astonished and mortified as I was last night," said Dr. Fordyce Barker last evening after he had sat a quiet listener to the proceedings of the secret meeting for nearly three hours. "Although I got notice during the afternoon that it was the intention of Dr. Austin Flint, Jr., to pack the meeting and throttle the Academy, I would not believe that it was possible for him to do it. But, for fear he would do it, I secured the presence of Dr. Weir, the first vice-president, so that I could resign and call him to the chair in case Dr. Flint undertook to carry out his plan, and he did carry out his scheme. It was a disgraceful, abominable trick, and only fit to be undertaken by a low ward politician. In doing this he pulled down his venerable father from a pinnacle that was beautiful and lovely and dragged him in the mud. I was greatly moved by what took place, but managed to preside, as I believe with impartiality, till the meeting was over. When I got home I thanked God, for the first time in my life, that I had no voice. For, if I had been a Demosthenes, I would have left the presiding officer's post and answered the conspirators from the floor. As it is, I can only feel mortification and shame for the men—none of them very heavy weights—who perpetrated this cowardly trick. For the rest of my life I can only treat Dr. Flint with required civility. He may think that he has won a great victory, but he will find out his mistake. And now I wish to announce that, although I offered my resignation as president of the Academy of Medicine last evening, I here withdraw it. I have five clear months between this and the next October meeting of the Academy, and by that time I think I will have been able to thwart the designs of the conspirators."

Dr. C. R. Agnew, who followed, said he would also withdraw his resignation as vice-president, and that he would help Dr. Barker fight it out if it took all summer. "In my time," said he, "I have had about thirty years of public life, and have participated in all kinds of political meetings in exciting times, but I never witnessed such a sharp, shameless, political trick as that which was played on us at the meeting of the Academy last night."

Dr. Roosa also withdraws his resignation, and announced his determination to follow the leadership of Dr. Barker, who, during the summer months, will devise a plan for a thorough reorganization of the Academy.

Short speeches in support of the liberal movement were made by Dr. A. L. Loomis, Dr. J. C. Peters, Dr. F. R. Sturgis, Dr. H. G. Piffard, Dr. Draper, and Dr. Elliott, and a paper in the form of a pledge was presented, signed by over two hundred physicians who are in sympathy with the proposed abolition of the old code, which, they say, has signally failed to do the work expected of it. In fact, many physicians ask the question, "Why should we have any written code at all, any more than lawyers and clergymen have?" A physician's own conscience, they said, ought to be enough to guide him if he was an honest and honorable man.

A plan of action was laid out by the liberals, and they all agreed to

follow it. It holds that "it is particularly important to preserve to the individual member of the profession perfect liberty to decide for himself with whom he shall consult in order to secure the best interests of his patients." Also that "the arbitrary rules which have to so large an extent controlled the actions of medical men have signally failed to accomplish the object in view. They belong to the same category as the rules by which the various trades unions have infringed upon the individual liberty of their members."

The liberals call upon the members of the medical profession throughout the country to unite with them "in freeing the profession from a stigma it has borne quite long enough."

OBITUARY.

LEWIS.—Rev. Richard Lewis, M.D., of Frankford, Philadelphia, departed this life suddenly on Friday evening, April 13th, 1883, in the 66th year of his age.

Dr. Lewis was born in England, but spent most of his life in the United States. He entered the ministry of the Baptist denomination in his early manhood, and was for many years the successful pastor of the Lower Dublin (Pennypack), and afterwards of the Holmesburg Baptist churches. He attended a course of medical lectures when quite young, and in 1859, 1860, and 1861 he took two other courses,—the first in Jefferson Medical College, and the other in the Homœopathic Medical College of Pennsylvania, graduating in the latter college, March 1st, 1861. He then gave up his active pastoral labor and settled in Frankford, where, for 22 years, he practiced his new profession successfully, and built up an extensive business.

HOLT.—On Wednesday, April 11th, 1883, Daniel Holt, M.D., of Lowell, Mass., aged 72 years.

Among the older members of the American homœopathic profession, Dr. Daniel Holt was very widely known, having been an active member of the American Institute of Homœopathy since 1846, when the organization was but two years old. He came of a military family. His father served six years in the Revolutionary army, and his grandfather was a soldier in the French and Indian wars. Dr. Holt was a native of Hampton, Ct. He settled in Lowell in 1845, and was a well-known homœopathic physician, though originally practicing in the other school. He was a member of the legislature from Lowell, in 1854. He leaves a widow and two sons, Dr. E. B. Holt, a well-known physician, being one of them. Dr. Holt has been president of the Massachusetts Homœopathic Society, and a member of the Massachusetts Medical Society. He was one of the pioneers of homœopathic practice, and for a long time he and the late Dr. Hiram Parker (whose office was next to Dr. Holt's, on John Street), were the only two representatives of the system in Lowell. He has been in feeble health and unable to attend to the duties of his profession for several years, but had been confined to his house only a few days. Paralysis was the cause of his death. The funeral services took place Saturday afternoon, April 14th. A large attendance was present, consisting of the professional brethren of the deceased, neighbors and personal friends, and several prominent homœopathic physicians from other places, among whom were Dr. I. T. Talbot of Boston, Dr. C. H. Farnsworth of East Cambridge, Dr. H. A. Chase of Cambridgeport, and Dr. J. F. Frisbee of Newton. The services were conducted by Rev. H. T. Rose, who paid a feeling tribute to the personal character of the deceased.

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THE LAW OF CURE.

BY AUG. KORNDORFER, M.D.

(Read before the Hahnemann Club of Philadelphia.)

SCIENCE becomes such only when we arrive at a knowledge of the causes and relationships of the various phenomena embraced within the boundaries of any specific department of nature. Not only must the immediate cause be known as an isolated fact, but also the remote relationships and correlated phenomena must be within the reach of lucid explanation, so that not only the original observer, but also the intelligent inquirer may have ready access to corresponding knowledge.

Law and order here hold sway; for, so soon as any form of knowledge reaches such systematic arrangement that it may be classed as science, law takes the place of conjecture, and principle the place of uncertain experiment. Experience develops principles, which, in the aggregate, lead to the knowledge of underlying laws. Each of these laws is found to govern most diverse phenomena.

Medicine, from its earliest history until the time of Hahnemann, was looked upon as simply an art, not capable of elevation beyond general rules and expedencies. It seemed given over to uncertainties and conjecture, and was governed only by loose empiricism.

Higher far was the conception which Hahnemann formed of medicine. His mind reached out for that evidence of Divine benefaction, law. Feeling assured that the Creator of the universe, who made all matter subservient to law, must also have confined man within similar bounds, he felt that in disease, as in health, law must reign. Supported by an unbounded

faith, he diligently sought for such law, confidently believing not only that it must exist, but also that it must be open to the discovery and to the use of man. Impelled by such faith, he sought in nature's works that he might learn her ways. Empty theories of disease he eschewed. Relationships and antagonisms were what he desired to know.

In the foot-note to § 1 of the *Organon*, he severely condemns the fabrication of mere hypothetical explanations in the following words:

"Not, however, the weaving of empty fancies and hypotheses, in regard to the remote nature of the life-processes and of the origin of diseases within the hidden recesses of the body (wherewith so many physicians, ambitious for glory, have wasted both powers and time) into so-called symptoms. Nor the innumerable attempts at explanation regarding the phenomena of diseases, or their proximate causes, etc., which must ever remain hidden; enveloping these all in unintelligible words and in pompous abstract dissertations, that are intended to sound learned, that the ignorant may be astonished, while poor suffering humanity sighs vainly for relief. We have enough already of such learned extravaganzas (called theoretical medicine, and having even professorships). It is high time that those who call themselves physicians should cease deluding poor humanity with such idle talk, and begin on the contrary to act, that is, really to help and cure."

From this we may judge of the estimation in which Hahnemann held all mere theoretical explanations as to the cause of symptoms, or the hypothetical action of remedies for their cure.

His mind was bent upon the discovery of the *real* in medicine—that which would place it on the level of the sciences; hence, it became necessary to work in a manner theretofore unknown. But how? Had not everything in medicine been shrouded in mystery or uncertainty? Was not everything in therapeutics still chaotic?

True, more than one earnest searcher had seen a glimmer of light through rifts in the dark clouds of mysticism and ignorance. A Von Helmont, a Haller, an Alexander, and others had caught glimpses of the beginnings of the true way, but none had been found with power to penetrate the surrounding gloom or ability to reach the light of pure truth beyond.

One greater and far more gifted, one willing to endure ridicule and obloquy, yea, even ostracism, was needed, and such a one was found in Hahnemann.

With a mind trained to inductive research and awakened to the need of reform, he immediately began the work by systematizing the possible ways in which drugs might act for the cure of disease, or rather the ways in which nature might be able to remove disease. In order to do this with precision he interrogated nature herself, carefully considering causes and effects, endeavoring so to relate them as to avoid mere conjecture. In other words, he sought logically to relate causes and effects, bearing in mind the maxims, "like antecedents involve like consequents," and, *per contra*, "like consequents imply like antecedents." But here arises the query: Can we successfully apply these logical means to the examination of such kaleidoscopic changes and unknowable causal influences as we have to deal with in the study of medicine? To this we unhesitatingly answer yes; for enough may be discerned, and enough is knowable, to enable us to reason with accuracy, and scientific truths are made clearer, the more we apply the refining processes of logic.

Let us now review the method of inquiry employed by Hahnemann, and then we may judge whether it meets the requirements of both science and logic. Hahnemann began his investigation in search of the law of cure by first making diligent inquiry of nature as to her manner of cure, feeling assured that, in her unperverted working, she must give evidence of law, if, haply, we might find it. Here, however, great care and circumspection were necessary, as nature, in disease, left unassisted by curative agents, often tends toward increasing perversion, and is, therefore, but ill fitted to teach a lesson by affirmative evidence. Her efforts to relieve herself from disease are largely through destructive changes, which though preservative in tendency as a whole, are, nevertheless, accomplished at the expense of a part. In fact, they are but the outflow of effects from an active, perverting force, which gradually abating may leave the body free and capable of reinvigoration; or, increasing in intensity, a part may be destroyed in nature's unaided efforts to save the whole. Seeing this, Hahnemann asks: "What rational being would then copy after nature in her struggles for relief? These very struggles are, in fact, the disease itself, and the morbidly affected vital force is the cause of the visible disease."—*Organon*, Introduction, p. 45.

Finding it necessary to go beyond the lessons taught by nature in her efforts to cope with disease without the intervention of other agents, that a solution of the problem of cure

might be reached, Hahnemann directed his attention to the effect which one perverting force exerted upon another when acting within the body.

In order to make such investigation as comprehensive as possible, Hahnemann set before himself three hypothetical questions, embracing the three only possible ways in which nature might be able to act for the cure of disease, namely: Does nature effect the cure of disease by superadding one which is dissimilar yet not opposite, or one which is opposite, or one which is similar to the already existing affection? Let us first examine the effects of the dissimilar disease, when thus acting upon the diseased organism.

In § 35 Hahnemann says: "We will examine in three different instances the course of nature when two natural diseases, dissimilar in character, meet in the same person." And in § 36: "Either these two dissimilar diseases, which thus meet, are of like strength, or, as is more frequently the case, the older is the stronger; in either case the new disease is kept from the body, and not allowed to affect it. One who is suffering from a severe chronic disease will not be attacked by a mild autumnal dysentery, or other epidemic disease. The Levantine plague, according to Larrey, will not establish itself where scurvy prevails, and those who are affected by tetters are not infected by it. Rachitis, according to Jenner, hinders vaccination. Those suffering from suppurative phthisis, according to Von Hildenbrand, are not attacked by mild epidemic fevers."

In § 38 Hahnemann instances the effects where the invading dissimilar disease is the stronger: "In this case, the former, being the weaker, is delayed in its action, and suspended until the new one has run its course, or been cured; then the old one again manifests itself." This assertion is followed by many illustrations in substantiation, the paragraph closing as follows: "In like manner do all unlike diseases suspend one another—the stronger suspending the weaker, save where they become complicated, which in acute diseases seldom occurs—but they never cure one another."

In § 40 the third result of such contact of dissimilar diseases is stated as follows: "Or the new disease, after protracted action upon the organism, finally joins itself to the old and forms a complicated affection, each appearing to select a given portion of the organism, *i. e.*, selecting, as it were, such organs as seem best adapted to its manifestations, leaving the remainder in possession of the other dissimilar disease." Here

follows a number of instances of such coexistence or seeming amalgamation of two dissimilar diseases.

In conjunction with his researches relative to the action of dissimilar diseases, one upon another, Hahnemann reviews the results following upon the use of remedies that have the power to produce morbid conditions dissimilar to the diseases against which they were applied. After careful examination he asserts that in each instance the natural powers, when brought under the action of such drugs, behave in a manner corresponding to that which results from the action of the superadded dissimilar disease. From this he most justly reasons that man cannot reasonably hope to cure disease through the action of drugs which have, in the healthy human body, the power to produce symptoms different from those of the natural disease.

In § 37 Hahnemann says: "And so, under ordinary treatment, an old chronic disease will remain uncured and as it was, if not too severely treated by the common allopathic method—that is, by remedies which are incapable of producing similar symptoms in the healthy—even though the treatment be continued for years. This requires no corroborating examples, as we see it daily in practice."

Thus, we find that nature never cures disease through the action of another disease whose symptoms are positively dissimilar, whatsoever may be its intensity.

Hahnemann then reviews the antipathic application of drugs. This, he declares, can never cure disease, though for a time it may quell the symptoms, or, rather, a single symptom or condition of the disease.

§ 57 reads: "To proceed antipathically, the ordinary physician prescribes against a single severe symptom from among the many of the disease, such a remedy as is known to be capable of causing a condition directly opposite to that which is to be relieved. From which, in accordance with a rule laid down by the old school of medicine, more than fifteen hundred years ago, he hopes for the most speedy (palliative) relief."

In §§ 57 and 59 Hahnemann comments upon the subsequent aggravation following such procedure. His remarks, under this head, have often been misunderstood, even by otherwise careful readers, such misunderstanding evidently arising from a failure to carry the thoughts through the lengthy involved sentences of the German original. It should be borne in mind that Hahnemann referred to persistent symptoms of long standing, not to transient symptoms of acute disease. Though

even in these latter careful observation proves that the proper application of drugs under the law of cure gives the most satisfactory results. In regard to the example which he cites of the use of sternutatories in the treatment of chronic rhinitis, one translation gives it as *gravedo*; the other, chronic coryza. The original is "*alten stockschnupfen*," old or chronic stoppage of the nose, or, as sometimes translated, dry coryza,—a very different condition from that which such acting *errhines* produce, *i. e.*, "a free flow of mucus, with sneezing." It was owing to such misunderstanding that one of the early followers of Hahnemann said that "this is a strong argument against the homœopathic operation of medicines, if universally true, because sternutatories excite a very analogous affection to catarrh." The mistake was, no doubt, made through not understanding the true meaning of the German in the first place, and, secondly, through a wrong idea of the possible action of the homœopathic remedy when applied in large irritating doses, though, in fact, the drugs classed as sternutatories are of but little worth in chronic catarrh, even when applied after the manner of the homœopathic preparations, because of the fact that the dry mucous membrane, the thick crustlike fetid secretion, as well as the viscid offensive mucus, found in such cases, are not homœopathically met by the sternutatories.

Hahnemann's investigation as to the effects of drugs upon disease when applied antipathically, extended to many remedies then in use, and in all he saw ultimate failure of cure.

In § 60 he says: "Never, however, curing a somewhat long-standing (*etwas altern*) or chronic disease."

Having thus carefully studied the effects of drugs when administered for the cure of disease, and having found that, in the heteropathic method, there was nothing either in nature's unaided work, nor yet in man's efforts to apply this method, which could warrant the acceptance of it as a true means of cure, and, having found from antipathy but temporary relief, which was often followed by proportionate aggravation, at least in subacute and chronic disease, he could not accredit either with being based upon a curative law. From these he then turned to look upon and within the hitherto comparatively unknown domain of similars.

In all his medical labor, Hahnemann followed the strictest method of observation and study, employing to this end the stages necessary to the establishment of any science, namely: first, the descriptive, second, the inductive, experimental, and, third, the deductive or exact stage.

Understanding the history, as well as feeling the ill-success of the various plans, which from time to time have been adopted by the prominent school of medicine, and having sought to attain to a comprehensive idea of all conceivable, generic methods, by and through which drugs might act upon the human organism for the cure of disease, and having, by personal experiment and inductive reasoning, arrived at a knowledge of the results of these respective methods, he was led to deduce the law expressed under the formula "*similia similibus curantur*,"—one of the simplest, and, at the same time, one of the most comprehensive of laws. Its very simplicity is in conformity with views but recently enunciated by investigation in other departments of scientific research. The flimsy fabric of therapeutics reared during many preceding generations had now to be torn down, yet not without, at the same time, supplying from this new source material of great strength for both foundation and superstructure of the new temple of therapeutics. That this demolishing of old error is, of recent years, by no means an unusual thing must be evident to all who have watched the progress of the sciences. Only a few years ago, the following remarks from the pen of an eminent scientist appeared: "We are led to hold that ultimately, in the progress of scientific investigation, it will be found that there is much to unlearn in our theories and hypotheses, of which a considerable number are accepted as axiomatic or fundamental truths. Simplicity, and not complexity, is the rule or law universally established in nature, and to this conclusion it is almost certain we come at last." From another we glean the following; "There is no principle which is more constantly present in the mind of the scientific investigator in his search for the cause of phenomena than that of simplicity." "Science has so often found that these highly complex results come from the very simplest causes that the investigator expects to find simplicity in his results, and naturally inclines to believe that explanation to be the true one which accounts in the most simple manner for the observed phenomena." And, further on, speaking of the tearing down of the old structure, he says: "It is scarcely too much to say that, at present, our ignorance of the ultimate constitution of matter is such that no one suggested structure ought to be viewed by us as being in itself more simple or more probable than another." Much such ignorance still clings to medicine.

From such regions of doubt and uncertainty what a relief is it not to enter the domain of positive knowledge, where,

casting aside the ignorance by which we were enthralled, we have the law of cure to enlighten us.

In § 24 Hahnemann says: "There remains no other promising method of applying medicines for the cure of disease save the homœopathic, in accordance with which we select a remedy in opposition to the totality of the symptoms of the case of disease, which remedy shall (in conformity with its known changes in healthy persons) have the power and tendency, greater than any other remedy, to excite symptoms bearing the greatest similarity to those of this case of disease."

The query may here be raised: How do we know that the similarity so produced is more than a superficial and deceptive likeness? To this may be answered, that experiment tells to the contrary. Yet we are not left without other scientific witness to the correctness of the law.

Disease is the result of a disturbance of the vital force of sufficient intensity to pervert, beyond the powers of compensation, the normal functionation. Such disturbance will be reflected more upon one or other organ or part of the body. It may be indicated by pain or other discomfort, or perchance by mental ill, but in each and every case the cause must act through means. In other words, extraneous disease-creating forces must act through the instrumentality of the tissues of which such organs are composed.

Symptoms evidently indicate some interference with the normal action of the ultimate morphological elements of which these organs are constituted; and it may well be surmised that if precisely corresponding cells be affected in precisely similar manner, identical symptoms will result as with like force, in character, acting upon like cells, in kind, like results must be attained. It being axiomatic that like cause will produce like effect, we have reason to believe that the drug in inducing symptoms similar to those of a natural disease must act as a like cause, consequently must excite a condition of the affected protoplasmic individuals, *i. e.*, the cells, of the affected parts similar to that developed by the disease-creating cause. Now as it is a well-known law in physics, that two equal forces approaching from opposite directions, when not brought violently in opposition, nullify each other without injury to the medium through which they manifest their action, and again that no two things can occupy the same space at the same time, we must admit that drug force and the natural disease having similar totality must find it impossible to occupy the same system jointly; therefore one or other must be overcome. If

such applied power could be adjusted with perfect exactness, a cure, theoretically, would be instantaneous; but as we must use finite means in judgment of quantity and quality as well as of kind of drug to be employed, so must we expect finite results lacking perfection.

Again in disease tissue-change has usually taken place, because having a change of force, either formative or preservative, we must have a resultant change of tissue. This having required time, we must in some proportion expect time to be required for the re-establishment of the normal condition of both tissue and force.

The question may arise as to whether drug power has *any* influence over disease. A careful investigator would scarcely feel any doubt upon this point. For knowing that drugs must act for good or ill, it is but a step farther to arrive at a knowledge through careful experiment as to whether it be for benefit or injury that drugs are or may be employed. If the query be regarding the susceptibility of individuals to drug power, it must be remembered that drugs are more potent in affecting all individuals than is disease.

Thus during an ordinary epidemic we find a comparatively small number affected by the disease, though all are brought within the reach of its infectious principle. Such is not the result in healthy subjects on the application of any given drug; all are more or less affected by such drug, all being susceptible to drug power, some requiring but little, others much of the drug substance, but all *may* be brought under its influence. It becomes then a self-evident conclusion that when drugs are employed under the therapeutic law the natural disease must yield to the more potent drug-effect so long as the vital force retains an active vitalizing effect upon the body.

In § 25 Hahnemann says: "Pure experience, the only and infallible oracle of the healing art, teaches in every carefully conducted experiment, that such drug as will excite within the healthy human body the greatest number of symptoms similar in character to those of a given case of disease, will when given in such case in properly potentiated and diminished doses remove the totality of symptoms of this diseased state. That is to say, will remove the entire existing disease in a quick, thorough, and permanent manner, restoring health. Further, that all remedies without exception will cure disease the symptoms of which bear the greatest possible similarity to the drug-effects." In § 23 he continues: "This is based upon that natural homœopathic law which, though hitherto unac-

knowledge, has not been unobserved ; in fact upon which rests every true cure. *A weaker dynamic affection is, in the living organism, permanently extinguished by another more powerful when this latter (being of different kind) is very similar in its mode of manifestation."*

Thus did Hahnemann, following the strict and pure method of investigation, reason from the results manifested in the past, and from his systematic and accurate experiments on the healthy and on the sick, deduce the great law of cure—the law which is to govern in the selection of drugs for the healing of man's infirmities. But how may we be convinced that in this we really have reached such a law? that it is not merely a rule subject to many exceptions?

We will first ask, what is law, in the sense applied to nature?

Mills says, "It is the custom whenever they can trace regularity of any kind to call the general proposition which expresses the nature of that regularity, a law." "But the expression, law of nature, is generally applied by scientific men with a sort of tacit reference to the original sense of the word *law*, namely, the expression of the will of a superior,—the superior in this instance being the Ruler of the universe."

Law is the expression of the Divine reason pertaining to the sequences of phenomena. It manifests itself in the orderly and invariable succession and the stated recurrence of phenomena, and accounts for the order and relation of the same. It especially pertains to the combinations and mode of application of the dynamis or force. Law may be recognized as such, not only because it is the ultimate point toward which all investigation tends, and beyond which pure reason cannot go, but because there is something in its own intrinsic nature as exhibited to the eye of reason stamping it as law.

"*Similia Similibus Curantur*" was expressed in symbol even so long ago as the time of Moses, and was indistinctly perceived by many of the old medical writers ; but it was left for Hahnemann to discover in it, not a rule only, but far more, the expression of a determinate purpose or design of the creative mind, thus fixing it as law. Thoroughly attuned to the inductive system of research, he, through it, arrived at a law which in its sphere is universal and necessary, beyond which pure reason cannot go. In itself it is not a phenomenon, but it is an explanation of the underlying cause and recurrence of many phenomena.

Hahnemann with intuitive power discerned the *law* ; nevertheless as a wise man he labored years in careful investigation

and experiment, until with facts proved he presented his work to the world.

But we have still other ground on which to base our faith in this as law. Prof. J. R. Moulton, in his essay on Matter and Ether, when speaking of search after law in nature's workings, says: "The probability of the truth of a suggested hypothesis as to the constitution of matter, or the nature and mode of transmission of its actions on other matter, is measured by the dissimilarity of the phenomena explained by it."

How may this be applied to the law of similia? We have for instance, the phenomenon pain; this may be removed by a remedy which in the healthy has the power to produce similar pain; or, on the other hand, we may have numbness or lack of sensibility to pain, removed by a remedy capable of producing a similar condition. Here we find two phenomena in antipodal relation. So also with heat and chill, inordinate dryness of the skin and sweat, anæmia and plethora; yet from each of these so-called opposite phenomena we have the answer, *cure*, when drugs are applied under the law. Again with regard to the molecular or atomic force, here too we find that to bring unlikes into contact is to excite attraction, while similars repel each other. Thus with electricity, we find opposite poles attract one another, while like poles repel each other.

Two similar forces coming together in opposite directions nullify each other. We are told that a calm results at the place on the coast of Norway where the two high tide-waves meet. They approach from opposite directions. The most remarkable instance of this kind is the tide at Batsham in Tonquin; at this port two tide-waves meet, coming respectively from the China and Indian seas. There being simultaneously opposite but nearly equal changes in the water-level, the effect is that "there is almost no perceptible tide." Examples of this kind, both great and small, might be multiplied indefinitely, but these will suffice for illustration. In these various instances we find, in accordance with one of the criterions of law, that most dissimilar phenomena are explained by the one law, namely that "similars repel or nullify each other." The forces must be similar, though the direction it will be observed is opposite. Hahnemann appreciated this, for he not only saw the necessity of giving prominence to the latest symptoms, but (*Chr. Dis.*, p. 168) he states that the symptoms last developed will be the first removed during the progress of the antipsoric curative treatment. Dr. Hering held it as axiomatic that to constitute a truly homœopathic cure, the last symptoms of a

chronic or nontypical disease must be removed first. In other words, the symptoms must leave in the reverse order of their development.

In § 70, Hahnemann gives a résumé as follows: "First. That all which the physician can find for cure in disease lies in the morbid changes of health perceptible to the senses; in one word, it consists entirely in the *totality* of the symptoms, through which the disease calls for its appropriate remedy. On the other hand, every imputed internal cause, obscure quality, or imaginary morbid material, exists only as an idle dream.

"Secondly. That this disordered state of the system which we call disease may only be restored to health by another form of change through the aid of remedies, whose only power to heal depends upon their capacity to alter the state of health through the production of peculiar morbid symptoms; which latter may be discerned most distinctly and purely by testing the remedies upon the healthy.

"Thirdly. In accordance with all experience we find it impossible to cure natural disease by remedies which have the faculty of producing in the healthy body a morbid condition dissimilar to, and different from, the natural disease (never therefore through allopathic treatment). Nature herself never cures natural disease by superadding another, dissimilar disease, even though it be of much greater intensity than the original affection.

"Fourthly. Experience also teaches that it is impossible to gain more than short relief through remedies which have the tendency to excite a symptom the opposite of a symptom of the natural disease; and that subsequent aggravation is the result of such treatment. And further, that such antipathic and only palliative treatment is especially injurious in old severe diseases.

"Fifthly. That the third and only other possible method of treatment (the homœopathic) is that in which a remedy capable of developing symptoms which bear the greatest possible similarity to the totality of symptoms of the natural disease, is employed in suitable doses. In this manner that dynamic discordance of the vital force, called disease, is again harmonized; so that it is completely and permanently removed, without suffering, and must cease to exist. Nature left to her own resources on fortuitous occasions furnishes us with examples, where, to an old disease a new and similar disease is superadded, the old affection is quickly and permanently extinguished and cured."

Thus we find Hahnemann carefully adding experiment to

experiment and observation upon observation, relating causes to effects in his effort to reach the truth; until, having proved all hypothetical methods of treatment, he finds but one that will stand the tests of both science and logic. That one he expressed in the symbol "*Similia Similibus Curantur*."

THE PHYSIOLOGY OF THE VOICE AND ITS BEARING UPON THE
CAUSES OF THE CHRONIC LARYNGITIS PECULIAR
TO SINGERS AND SPEAKERS.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the New Jersey State Medical Society.)

THERE is probably no affection more difficult to treat successfully than the so-called "clergyman's sore-throat," or the chronic laryngitis of public speakers and singers. The reason for this is not altogether the lack of suitable remedial means, but chiefly the continuation of the exciting causes of the disease. The root of the predisposition to throat troubles is undoubtedly a faulty and strained use of the organs concerned; but its exact nature has thus far not been sufficiently understood and explained to enable physicians to show their patients and vocal teachers how to remove it.

There is no doubt that if the vocal organs were properly used, they could sustain prolonged and even violent exercise, without exhibiting any greater tendency to catarrhal affections than other structures of the body. The special development of the muscles of the forearm and hand of a pianist does not render them more sensitive to the effects of a cold than other muscles not especially trained. And the same is true of the proper development of any organ of the body. The characteristic appearances of the above-named throat troubles point unmistakably to abnormal use. Congested, hypertrophied, and roughened tissues, and dilated and tortuous veins, are the results of forced and unnatural mechanical action.

The first step towards correcting these abuses is the establishment of correct physiological principles. The fact that our present physiological knowledge upon this subject is imperfect becomes most apparent in the results of the majority of attempts at the higher development of the voice in singing.

There are very few teachers who are able to train and develop the voice without inducing pathological conditions, or at least rendering the larynx extremely susceptible to catarrh. And this result is clearly brought about by false methods of

instruction ; for the vocal apparatus, when properly developed, is strengthened, and therefore is less liable to fatigue and disease than when untrained.

Physiologists have described accurately and scientifically the manner in which tones are produced, asserting that their origin is at the vocal cords, whose vibrations are due to the force of the breath as it passes through the glottis. The volume of air so used is regulated by the nicely balanced, but directly opposed, forces of the diaphragm and abdominal muscles. So far there can be no dispute; and had vocal teachers retained this idea in its simplicity, it would have been better for both voice and throat. Unfortunately, however, Professor Flint and other physiologists have accepted the autolaryngoscopic observations of Garcia, Madame Seiler, and others, which demonstrate that there are three varieties of normal mechanical modes of tone-production, termed chest, medium or falsetto, and head registers.

There is no doubt that the observations of Garcia and Madame Seiler are correct as regards the fact that there are three or more modes of producing musical sounds. The vital question, however, is whether these distinctions are *normal* and *physiological*, or whether they are not due to erroneous and unnatural positions of the various structures employed in singing.

A careful study of the methods of the world's greatest vocalists reveals no such distinction, and when different qualities in tone are perceptible, it is everywhere recognized as a serious defect, to be overlooked only when concealed by attractive features in the voice.

Adelina Patti, who has undoubtedly the most perfect voice of any living artist, produces every tone, from the highest to the lowest, with the larynx, and all the structures above in practically one and the same position. Physiologists and most singing teachers maintain that the highest perfection consists in the production of gradations of the qualities of tone in the different registers, so that no divisions are perceptible; but the evenness of Patti's voice cannot be explained in this manner, and her success as a vocalist is due primarily to the entire absence of any such varieties of tone. Repeated laryngoscopic observations have demonstrated the same fact, in some of the finest voices in America.

There has always been a mystery concerning the instruction of the old Italian masters, who have given the world its greatest vocal artists. The secret of their success undoubtedly

is, that either by accident or correct physiological knowledge (probably the former), they have succeeded in developing the normal use of the voice. There are certainly some well-known and successful instructors who cannot give an intelligible reason for their methods, but blindly employ exercises which experience teaches them will accomplish their aims. The nearer their pupils have attained to the perfection aimed at by these methods, the greater has been their ability to endure, without fatigue or disease, long-continued and violent use of the vocal organs. Such singers rarely ever have throat troubles; even pre-existing affections yield under such healthful discipline. Ordinary colds do not interfere with their singing, and advancing age is very slow in its impairment of power. These facts are sufficient to suggest that the proper use of the voice might be equally well attained by public speakers. As a rule very little attention is given by them to such cultivation. In fact I do not know that we have any teachers of elocution qualified for the work. Nor is it likely there will be, until the physiological questions are correctly answered.

Since all tones, either in singing or speaking, must be produced by the vibration of the vocal cords, it would seem to follow that changes of pitch ought not to be affected by any alteration in the position of the mouth, palate, pharynx, or any other structure, excepting the intrinsic muscles of the larynx itself. These muscles are capable of perfectly regulating the character and pitch of every tone. All that pharynx and mouth can do is to remain sufficiently open and to aid somewhat in articulation. If my views are correct, there can be no physiological basis for the doctrine of voice-registers. These so-called varieties of tone are modifications produced by abnormal, strained, and unphysiological mechanical positions. Just here it may be noted, that all tones of varying pitch may be produced without any appreciable change in the length of the vocal apparatus. The contrary view is a fallacy of physiologists, who conclude that the larynx rises in the effort to produce high tones, and who compare this with the effects obtained by different lengths of organ-pipes. In properly trained voices no such change in the position of the larynx is observable.

Strength and quality of tone are determined by the force and volume of the column of air passing between the vocal cords, the regulation of which column is managed mainly by the abdominal muscles. Since the muscles of the larynx only need exercise for proper development, voice-culture amounts practically to the proper training of the abdominal muscles for

the management of the breath. The practice of a certain class of teachers, who, aiming blindly at this result, suggest prolonged and violent exercises, such as pushing weights by pressure upon the abdomen, should not by any means be sanctioned, and the condemnation of such pernicious teaching by the medical profession has been just. Increase of the power of these muscles is not what is needed, but rather an increase of nicety of control and dexterity of movement, so as to enable them to precisely antagonize the diaphragm.

In the management of the breath lies the power of the great vocalists, and the real secret of the success of the old Italian methods. It is a noticeable fact that most persons naturally make a correct use of the voice in ordinary conversation, but immediately fall into faulty habits when reading aloud. This has been supposed to arise from compression caused by anticipated difficulties, and also from the unfortunate tendency of many to attempt to walk in the footsteps of others. But, however much this might apply to reading, it would not help to explain the difficulties of public speaking. A common mistake is the use of too much breath. The sensitive vocal organs require but a very small amount of breath, if properly managed, and the habit of forcing large volumes of air through the glottis, when slight breaths would do far better, is a very prolific source of laryngeal disease. It is this very use of breath which determines largely the purity of the tones produced. It requires only a very small proportion of the air taken into the lungs at one inspiration for a properly cultivated voice to produce the longest cadences, and it is possible that the sweetest and clearest tones are produced, not with a chestful of air, but by the employment of what is known to physiologists as the residual air of the lungs, brought into use by gradual contractions of the abdominal muscles, and aided as required by short and quick inspirations.

Considerable light has unexpectedly been thrown upon the management of the breath by recent experiments, with the phoneidoscope, which show the wonderful effects of sonorous vibrations upon soap-bubble films. Beautiful geometrical figures, with all the varying colors of the rainbow, are produced by the vibration of musical tones. The forms of the figures and the beauty of the coloring reach the highest development when the tones are correctly and purely produced without superfluous breath. The slightest defects in the management of the breath become apparent at once. This instrument seems to prove the correctness of the views advanced in my paper.

It is desirable that physicians shall be aroused to a thorough investigation of this subject, since it will never be settled by musicians. Theories, however correct, emanating from any one teacher, are sure to be rejected by the others. When teachers of elocution and singing learn the fundamental principles governing the use of the voice, not only will a long step forward be taken towards the prevention of troublesome throat affections, but also important aid will be given to our remedies in working permanent cures.

The following is a summary of the important positions taken in this paper :

The division of the human voice into registers is a physiological error ; and hence all vocal training which aims to unite such registers is of necessity injurious.

Correct training of the voice must be based upon the following rules :

(1.) The throat and mouth must be kept well open, and their position as well as that of the larynx must remain unchanged throughout the entire range of sound.

(2.) The "alpha and omega" of tone production is the management of the breath, which should be controlled by persistent contractions of the abdominal muscles.

CHRONIC CERVICAL ENDOMETRITIS.

BY WM. W. VAN BAUN, M.D.

(Read before the Hering Club of Philadelphia.)

IN selecting a subject from the department of gynecology to present to you for consideration this evening, we have taken the one which, of all diseases of the female genital system, is the most frequent.

There is a great diversity of opinion as to the classification or limit of endometric inflammation. Some authorities claim that it is limited to the cervix, others to the body, while Dr. Routh confines it to the fundus of the uterus. Emmet* asserts that "the facility for locating its limit exclusively to cervix, body or fundus rests only in the brain of the theorist." Barnes,† in the chapter on "endometritis," frankly says: "It appears to me that attention has been too strictly fixed upon the visible changes in the cervix and os uteri ; and that,

* Emmet's Principles and Practice of Gynecology, p. 131.

† Barnes on Diseases of Women, p. 465.

thus engrossed, the mind has been closed against the less telling evidence of changes in the body of the uterus."

Ludlam seems to favor cervical limitation. Thomas* admits three varieties of the chronic form of inflammation—general, cervical, and corporeal. His method we consider the best, and we have taken his second division for our theme to-night.

Cervical endometritis is not of a very serious nature *per se*, yet it may prove to be the starting-point for some of the most serious and obstinate of uterine diseases.

Definition.—By the term used is meant a chronic inflammation of the mucous membrane lining the uterine cervix.

Synonyms.—Endo-cervicitis, cervical catarrh, cervical leucorrhœa, cervicitis.

Anatomy of Mucous Membrane.—The cavity of the cervix uteri measures about an inch and a quarter, begins at the os internum above, and ends at the os externum below. The mucous membrane is raised in prominent ridges, arranged usually in two lateral sets, diverging from a central longitudinal ridge, presenting the appearance known as the "*arbor vitæ uterina*."

Between the rugæ and around the os uteri are seen numerous mucous follicles; on closure of the mouths of the follicles, and their distension with their proper secretion, we have what has been called the glands or ovula of Naboth. Tyler Smith estimated that a well-developed virgin cervix contained at least ten thousand of these follicles. The mucous membrane is covered by cylindrical and ciliated epithelium, and is studded by villi, which are found in considerable numbers. The natural secretion of the cervical canal is alkaline, unlike that of the vagina, which is acid.

Pathology.—Cervical endometritis is essentially a glandular inflammation, although all the structure of the mucous membrane is involved, resulting in an alteration of its condition. According to Aran, if looked at with a strong glass in post-mortem examinations of this disease, the glands are seen enlarged and elevated, with their mouths widely dilated. A glairy mucus is secreted to great excess. The villi or papillæ, especially those on the vaginal face of the cervix, become diseased. During the earlier stages a loss of epithelium gives rise to a slight and very superficial abrasion; later on this becomes more distinct and marked, from destruction of the villi

* Thomas on the Diseases of Women, p. 268.

themselves over spaces of greater or less extent. In time the villi hypertrophy, and project like hairs from the surface, causing what has been called granular degeneration. These conditions may extend to the upper portion of the cervical canal, but they are usually confined to the vaginal portion.

Thomas* mentions as a "pathological state, which is occasionally met with as a complication of cervical endometritis, an eversion of the os and lower portion of the canal to such an extent as to keep up inflammation there by the friction of the membrane, thus exposed, against the floor of the pelvis," and claims that some of the "obstinate cases are due to this condition."

Etiology.—The causes are naturally divided into classes—predisposing and exciting. Under the former head are found the causes which are usually the source of the trouble, either in young or in older unmarried females, while in the latter are classed those which are most numerous in the married state.

Predisposing Causes.—Natural feebleness of constitution; frequent parturition; subinvolution; a cachexia, as scrofula or tuberculosis; biliary disorders, especially in the Southern and Western States; chlorosis; prolonged mental strain; insufficient nutriment; excessive lactation; improper dress, *i. e.*, depressing the uterus; want of exercise and fresh air.

These influences act more or less injuriously, either directly upon the mucous membrane of the cervix, by interfering with its circulation and nutrition, or indirectly on the vessels and nerves supplying the uterus, thus opening the way for disease to enter and take hold upon all its structures.

Exciting Causes.—A sudden arrest of the menstrual flow; obstructive dysmenorrhœa; excessive or intemperate coition; retention of portions of secundines after miscarriage; efforts at prevention of conception, and production of abortion; ungratified sexual desire, as nymphomania; uterine displacements; vaginitis, ovaritis, gonorrhœa, constipation; prolonged standing and rough travel.

Dr. Ludlam† claims that a mild, and in many instances a self-limited form of cervical endometritis, is sometimes met with during the prevalence of an epidemic influenza. We have omitted a number of other causes which might be enumerated under this head.

Symptoms.—Cervical endometritis may exist for a length

* Op. cit., p. 277.

† Ludlam on Diseases of Women, 5th ed., p. 455.

of time without a symptom of sufficient character to attract the patient's notice to her condition.

The most prominent symptom (in a well-marked case), and the one to first engage the woman's attention, is leucorrhœa; this is often accompanied by a dragging sensation in the pelvis, followed by pains in back and loins. The discharge, as it issues from the vulva, is creamy, viscid, albuminous, and inspissated in character, often looking like boiled starch or thick gum-water; frequently it is irritating to the genitals, causing inflammation; at times it is scanty, at others it is quite profuse; it frequently intermits; the more chronic its nature, the more copious and exhausting it becomes. On rising from a recumbent posture, especially in the morning after a night's sleep, the flow is oftentimes very much increased. It will be found, on close examination, that the blood is not thoroughly mingled with the mucus, as it would be if the discharge came from the uterine cavity proper. To a certain extent it will be painful; sometimes decided dysmenorrhœa will exist; the menstrual epoch intensifies all the existing symptoms. Later on the flow may become puriform. The discharge, taken direct from the os uteri and examined in the field of the microscope, presents cylindrical epithelial cells, mucus-corpuscles, pus-corpuscles, blood-globules, and fatty particles. These are found floating in an alkaline plasma, which is furnished by the cervical glands. The acid secretion from the vagina, coming in contact with the discharge from the cervical canal, may change its physical character to a marked degree.

In a comparatively short time the constitution of the patient will show signs of becoming implicated. The nervous system is undermined; she becomes nervous, moody, irascible, and often hysterical. The disposition is affected—a sweet, amiable woman will become an unbearable nuisance; digestion grows weak, nausea and even vomiting may be present; the blood is impoverished from impaired nutrition; headache, involving forehead and vertex, will be added. Complications now frequently arise, as impaired vision—can't use the eyes. This is due to an unexplainable sympathy that exists between the eyes and the womb; also in the line of reflex action we will occasionally have attacks of severe facial neuralgia. Acute mania has been traced to endocervicitis as a primary cause. Cystitis, cervical hyperplasia, and vaginitis may supervene and prove exceedingly troublesome. Urine becomes turbid, loaded with phosphates or uric acid; at times is

mixed with mucus. Owing to impaired nutrition, and other symptoms, some patients will emaciate. The face has a dull, languid, worn expression; the features fall; dark circles surround the eyes (*facies uterina*).

Physical Signs.—On digital examination, the patient being placed upon her back, the os uteri is usually found in its normal position, the cervix enlarged, the os patulous, lips puffed or roughened on account of granular degeneration. The cervix is not especially sensitive; at times, however, pressure may elicit evidence of pain; this will be more manifest as the pressure is nearer the os internum. In long-standing cases the mucous lining of the cervical canal is everted. By ocular examination, using the speculum, the structures of the neck will be found to be inflamed; the parts may be intensely so, as if in a state of granular degeneration, which is due to loss of moisture and of epithelium and hypertrophy of the villi. The nearer the menstrual period the greater the congestion, and the more open and dilatable the os tincæ. From the os will be seen to exude tough, tenacious mucus; this is best removed by entangling the mucus by a small mass of cotton about a pair of speculum forceps (many use, in place of forceps, a tapering piece of whalebone, bamboo, or hickory, the thickness of a pipe-stem), revolving slowly, winding the stringy mucus around the cotton. By this method the discharge can be removed without injury to the delicate vascular surface or hypertrophied villi. This procedure will assist greatly in arriving at a definite diagnosis. In some cases, in removing the plug of mucus, we may not be able to discover any evidence of disease; the os is not enlarged; its tissue is not reddened; no degenerations exist; "in fact, nothing is found to explain the backache, nervousness, impaired nutrition, and profuse leucorrhœa. The case is simply one of cervical endometritis which affects the glands of the canal without having produced granular degeneration." (Thomas.)

It is often a matter of great difficulty, and the truth of the affair is, in some cases it is impossible to decide whether the inflammation is confined to the neck or extends into the body of the uterus. The increased tenderness on manipulation, the milder form of leucorrhœa, and the graver constitutional symptoms, will serve to indicate the involvement of the body.

Prognosis.—Cervical endometritis is not self-limiting, although it may disappear without medical assistance. The prognosis should be guarded. Speedy cures are out of the question. The cases are slow and tedious. Many things not

only tend to hinder our efforts to do good, but also to bring on relapses, when it has apparently been cured, as, for instance, the monthly term arises; the position of the uterus, and its relations to surrounding organs; the sexual instinct and appetite.

Treatment.—After a hasty review of the resources of the old school in the management of this disease, we will follow at greater length with the course we have adopted in the treatment of chronic cervical endometritis.

Allopathic.—Tonics for digestion; cathartics to regulate bowels; bromide of potassium for nervous system; emollient applications, such as warm water, to which has been added chloride of sodium, glycerine, boiled starch, infusion of linseed, slippery-elm, or tincture of opium; escharotics, thoroughly painting canal with the compound tincture of iodine, a strong solution of nitrate of silver, glycerine saturated with tannin, or a saturated solution of carbolic acid; these are usually applied by using a brush of pigs' bristles, or Budd's elastic, or Emmet's silver probe. In the use of solid caustics the best method of applying them is that of Dr. Lenté's; first fusing the caustic, then dipping an instrument in the boiling liquid; applying by rubbing on the parts with the probe after it has cooled.

Crayons of sulphate of copper, iron, zinc, alum; cervical suppositories of zinc, copper, iron, lead or bismuth, with opium, conium, or hyoscyamus; chromic, acetic, or nitric acid, phenol, iodized chloral phenol, iodoform, pinus canadensis, balsam of Peru, chlorate of potash, Squibb's creosote-tar, Churchill's tincture of iodine, and so on *ad finem*. Barnes, Emmet, and others protest against the immoderate use of the above, citing numerous cases of fatal result from their application.

As a *dernier ressort*, their gynæcologist proceeds to destroy and remove the diseased glands. This is done by applying chemical agents, as fuming nitric acid, followed by solution of nitrate of silver; or by instrumental means, as the scarification process of Huguier, or by forcibly removing the arbor vite and mucous glands from os internum to os externum by Thomas's cutting steel curette.

The best method of treating this form of endometritis is a judicious combination of general regimen, local treatment, and last, though not least, the properly-selected remedies.

General Regimen.—First remove the cause. Most of those comprehended under the head of existing causes can be re-

moved. The patient must not be exposed to improper hygienic surroundings, nor menstruation to sudden interruptions or derangement. As to the latter, see that her feet are properly protected; that the weight of her clothing is supported from the shoulders and not from the hips; that all constricting bands are removed; in other words, see that nothing interferes with the circulation.

The patient should be well nourished. The discharge, containing albumen in large quantities, is a great drain upon the system. The diet should be mild, unstimulating, but nutritious; oftentimes it becomes necessary to adopt a full diet. Direct patient to partake of fresh animal food, as beef, mutton, oysters, fish, fowl, game, broths and soups (as free from grease as possible), eggs, cream, milk—plenty of it; a tumbler of good Alderney milk between meals will be both beneficial and refreshing. No condiments. In some cases coffee must be restricted. Cod-liver oil and the use of acid phosphates will prove of great service with some patients. May allow mild native wines or extract of malt. The skin should be kept healthy by occasional baths, the use of flesh brush, etc. It is essential that the patient take outdoor exercise in moderation, either on foot or in carriage; if unable to do this from any cause, Byford's plan of thoroughly protecting the patient, and admitting fresh air to the room by opening all the doors and windows for a couple of hours daily, should be practiced. By these means alone we can accomplish a great deal for the comfort of our patient.

Local Treatment.—Vaginal injections, except for the purpose of cleanliness, are of little avail; they fail to reach the diseased parts. Warm water and castile soap, boiled starch or glycerine, will best answer this purpose; in specific cases the addition of a few drops of carbolic acid will be of service. The injections should be kept up fifteen or twenty minutes, or until not less than half a gallon has been used. This should be done without tiring the patient. Essex's or Davidson's syringe, with nozzle throwing reverse current, is the best for the purpose. Where the vagina is very sensitive, lime or tar water, 1 5 to the gallon, will often prove very soothing. A better plan for relief is the direct application of glycerine to the parts. For the use of this valuable agent in the treatment of these diseases the profession is indebted to Dr. Sims. The glycerine relieves the congestion by promoting a profuse watery discharge from the capillaries, consisting principally of serum; other more nutritive constituents of the blood re-

main unaffected. It is best applied by a dossil of cotton soaked with glycerine and tied with a string, so that it can be easily removed by the patient. Dr. Emmet recommends, as a better article for the application of glycerine, oakum as prepared for drainage in surgical wounds. In rare cases glycerin is poisonous to the mucous membrane and cannot be used. Where the discharge is purulent or puriform, tincture of calendula, hydrastis, arnica, hamamelis, or baptisia, in proportions of one $\bar{5}$ of tincture to two $\bar{5}$ each of water and glycerine may be used. In exceptional cases occurring in strumous subjects, which are very intractable, iodine, mixed with two parts of glycerine, applied with a pencil to the canal of the cervix, affords relief. In granular degeneration a watery solution of sulphate of copper is used. Compression applied to the cervical canal by means of carbolized sponge tents has been recommended. Pessaries and escharotics as a rule are to be avoided as harmful. Where there is much dysmenorrhœa from cervical constriction the canal is dilated by sea-tangle tents or other suitable means.

Indicated Remedy.—This is the most difficult part in the treatment. In no class of cases are we called upon to individualize with greater care, and to differentiate between symptoms to a greater nicety than in endocervicitis; this appreciation of differences applies especially to the peculiarities of the discharge which comes from the cervical canal. We should not confine ourselves to the appearance of the flow as it passes the vulvo-vaginal orifice, for it has been acted upon and mixed with the naturally acid secretions of the vagina, and it is reasonable to expect that the cervical characteristic of the leucorrhœa will be changed.

The deduction, then, is to take, as our therapeutical data, the distinctive features of the discharge as it comes direct from the cervix uteri. After we have accomplished this, it will not answer the purpose to base a prescription upon the distinguishing qualities of the flow alone, for they are too variable to be of much practical import. The selection of the remedy must be based upon what is inferred from the "multum in parvo" expression, "the totality of the symptoms." To arrive at the similimum entails great labor and close application. We must not neglect the resources our vast materia medica affords us, nor, on the other hand, must we allow our enthusiastic search for the similimum to lead us into fanatical exclusiveness, and thus prevent our minds from recognizing the great benefits to be derived from the use of detergents and

topical applications. As progressive physicians, let us take heed of the following words of a well-known authority, and we will not go far astray. "When we have to do with an art, whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime." (Hahnemann.)

Remedies.—Alum., Bell., Calc. carb., Caul., Caust., Coni., Graph., Helon., Kreos., Lil. tigr., Merc. sol., Nat. mur., Puls., Sepia, Sulph. ac., Zizia, etc.

Where the more prominent symptoms refer to *menstrual complications*.—Alum., Amon. carb., Baryt., Bovist., Cal. carb., Canthar., Coccul., Ferrum acet., Helon., Lil. tigr., Nat. mur., Puls., Sabin., Sec. corn., Senecio, Sepia, Xanthox., etc.

Ovarian Implications.—Act. rac., Alum., Apis mel., Atropia, Bell., Bufo, Canth., Cauloph., Colch. off., Coloc., Conium, Lachesis, Lil. tig., Palad., Puls., and kindred remedies.

Vesical Symptoms.—Apis mel., Bell., Cann. sat., Canth., Hyos., Mercur., etc.

Rectal Symptoms.—Æsc. hipp., Aloes, Arsen., Bryon., Col. lin. can., Hamam., Nux vom., etc.

Circulatory Symptoms.—Acon., Bell., Bryon., Cactus, Digit., Gelsem., Naja trip., Veratr. alb.

Nervous Symptoms (hysteria).—Act. rac., Agar., Atrop., Bell., Cauloph., Chamom., Coccul., Coffea, Gelsem., Lil. tig., Moschus, Nux vom., Scutellaria. Sulphuric ether, Senecio, Tarent.; any remedy in the materia medica which suits the totality.

TRICHOPHYTOSIS.

BY EDWARD M. GRAMM, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

TRICHOPHYTOSIS, or, as it is commonly called, ringworm, is a contagious disease of the skin, hair, and hair-follicles, due to a vegetable parasite called the trichophyton. The fungus which causes the disease is composed of mycelium and spores. The quantity of each present varies according to the location of the disease, the mycelium predominating in trichophytosis corporis and genito-cruralis, and the spores being most abundant in trichophytosis capitis, and slightly less so in trichophytosis barbæ.

According to Duhring, the mycelium consists of long, slender, delicate, sharply contoured, pale-grayish, ribbon-like formations or threads containing spores and granules. It is jointed at irregular intervals, and is remarkable for its length,

a single thread frequently extending all over the field of the microscope, sending branches here and there in all directions. It varies from .0020 inch to .0015 inch in diameter. It may pursue a straight, curved, or crooked course, and is usually forked. When the fungus is abundant, the threads cross and recross each other in such a manner as to form an irregular network.

The spores are small, round, or rounded, highly refractive persistent bodies, of a grayish or pale-greenish color. They vary from .0187 inch to .0112 inch, and exist singly or in chains of two, three, or more, and may be isolated or joined to the mycelium. The fungus is probably the *mucor mucedo*.

The trichophyton not only invades the skin of man, but has also been known to attack cows, oxen, horses, cats, and rats; hence the danger of contagion from those animals should be borne in mind.

The best nomenclature of this disease is, that in which each variety of the disease derives its name from the region of the body which it affects. Thus, that found on the head is called trichophytosis capitis; that on the body and limbs, trichophytosis corporis; that on the upper part of the thighs, scrotum, and adjacent parts, trichophytosis genito-cruralis; and that affecting the cheeks, chin, and neck, trichophytosis barbæ. As the disease presents individual peculiarities when it affects these various localities, each variety must be considered separately.

Trichophytosis capitis.—This variety of the disease, which is also called tinea tonsurans, herpes tonsurans, and ringworm of the scalp, is most frequently found upon the vertex or parietal regions, but may attack any portion of the scalp. The diseased patches vary in area, some being quite small and others larger, but seldom exceed the size of a silver dollar, although by the coalescing of several patches much larger diseased areas may result. They are more or less bald, although not permanently so, as a new growth of hair occurs. The hairs fall out after the disease has existed for some time, but are usually broken off at the height of one or two lines above the scalp, and are twisted or bent, their free extremities presenting a ragged, brush-like, or nibbled look, and have lost their normal lustre, being dull and opaque in color. They may be easily extracted, as the usual firm connection between them and their follicles no longer exists; but, from their harshness and brittleness, they are liable to break off close to the scalp on attempting to extract them.

The disease commences as a small, circular or irregular, erythematous patch, which spreads rapidly. On it a ring of

ephemeral, pin-head sized, illy defined vesicles or pustules, which terminate in desquamation, or else furfuraceous scales soon appear. The patches vary in color with the complexion of the patient, having a reddish, grayish, greenish-yellow, or bluish color in light-haired subjects, and a light or dark bluish-gray, leaden or slate color in those with dark hair. When the disease is at its height, minute scales cover the site of the disease, and appear like a fine or coarse, adherent, grayish powder. More or less itching is usually present, and is sometimes the first symptom.

The trichophyton invades the hair, hair-follicles, and epidermis. It proliferates in the body of the hair, causing it to become distended, and finally ruptures it and causes it to fall out, or else to break off a short distance beyond the scalp. It is in this variety of the affection that the spores are most numerous, being present in such quantities that the hairs are seen under the microscope to look as though covered with minute beads. The hair-follicles become distended by the fungus, and rise above the surface of the scalp, giving to it that "goose-flesh" appearance so characteristic of the disease. The epidermis is affected to a varying extent. At times there is but slight implication of the skin, causing mere desquamation or ephemeral vesicles, while at others it is severely involved, and then even oedema or inflammation with infiltration of tissue may occur.

The diagnosis is usually easy. The broken-off hairs, the partially but not permanently bald spots, having a punctate appearance due to the breaking-off of hairs at the entrance of the hair-follicles, and, when it exists, the goose-flesh appearance, indicate the character of the disease, while the presence of mycelium and spores establish the diagnosis. When a few drops of chloroform are placed on a patch, and are allowed to evaporate, a condition as though the spots acted on by it were sprinkled with finely powdered sulphur is produced.

The diseases which, in some of their characteristics, resemble the one under consideration, are squamous eczema, seborrhœa, favus (in its early stages), and alopecia areata.

Trichophytosis barbæ.—Trichophytosis barbæ is also designated tinea sycosis, sycosis parasitica, and barber's itch. It affects the hairy portion of the cheeks, chin, and neck, rarely attacking the non-hairy portion of the cheeks and the upper lip. It usually commences as single or multiple, small, erythematous, slightly scaly patches, which are followed by induration, swelling, and a greater redness of the affected local-

ities. These assume a deep reddish or purplish color, and have the appearance presented by venous stasis. The skin and subcutaneous tissues are involved, and a thick, firm, nodular condition is produced. The nodules coalesce and form large, uneven, lumpy patches. Discrete or confluent tubercles, varying from the size of a split pea to that of half a marble, are characteristic of the disease, and are usually irregularly rounded. The hairs become harsh, brittle, twisted, or broken off a line or two above the surface of the skin, are loose in their follicles, and may be extracted without pain. Later they drop out, either from the suppuration or the disintegrating action of the fungus, and leave partially bald spots; but in some cases loose hairs are only found here and there. Around the follicles pustules form, so that the hairs appear to be situated on the apex of a pustule. Itching and burning are present, and may be severe, but are usually disproportionate to the severity of the disease process.

At times the suppuration is so active that thick crusts, similar to those found in pustular eczema; form and mark the true nature of the disease. Beneath these crusts there is an uneven, moist, or excoriated reddish surface, studded with yellowish points, which discharges a glairy fluid.

The disease is a comparatively rare one, and may affect but one side of the face; but is usually found on both sides, and the whole lower portion of the face is frequently invaded by the fungus.

It may develop from trichophytosis existing elsewhere, or may occur simultaneously with a similar affection of another portion of the body, and attacks adult males at all periods of life, but is most common between the ages of twenty and forty. It does not appear to depend on a vitiated state of the general system, being found both in the robust and weakly.

The diseases from which it must be differentiated are non-parasitic sycosis, pustular eczema, and indurated acne. The vegetating syphiloderm, which appears on the face in the form of hypertrophic, superficially eroded, raspberry-like, moist, or crusted papules, may resemble it.

Both mycelium and spores are found, but the spores exist in greatest abundance although not to the same extent as in trichophytosis capitis.

Trichophytosis corporis.—Trichophytosis corporis has also received the names tinea circinata, herpes circinatus, and ring-worm of the body. It attacks all parts of the general surface of the body, but exhibits a preference for the face, neck, and

backs of the hands; and in adults the axillæ, the inner surfaces of the thighs, the groins, and between the nates, are frequent seats of the disease.

It commences as a small, reddish, scaly, rounded, or irregularly shaped spot. In a few days greater erythema appears, and the patch becomes more round, while branny scales form on it, or minute papules, papulo-vesicles, or pustules develop on its margin, and it becomes slightly elevated. It spreads at the periphery, and heals entirely or in part at the centre, assuming a more distinctly annular appearance. The spots are generally discrete, but several may coalesce and form irregular or serpentine figures.

The patches usually vary in size, and are pale, bright, or dull pinkish in color, and are usually covered with scanty, thin, shreddy, grayish, adherent scales, which are more abundant about the circumference. In the centre the surface is generally pale reddish and only slightly scaly.

The disease is much more common in children than in adults, and even attacks infants.

The parasite is chiefly imbedded in the corneous layer of the epidermis, and consists mainly of mycelium, the spores being very scanty.

The diseases for which it may be mistaken are eczema, seborrhœa of the chest and back, psoriasis, and in rare instances for the serpiginous tubercular syphiloderm.

Trichophytosis genito-cruralis.—This is a variety of trichophytosis corporis occurring in the genito-crural region, and is the disease formerly termed eczema marginatum.

It usually commences as a slightly elevated patch on the upper part of the thigh near the scrotum, and spreads peripherically, healing more or less in the centre. Around its margins, vesicles, papulo-vesicles, or pustules form, causing its border to be sharply defined. It may desquamate or discharge, owing to the natural moisture of the parts, and there is reddening, pigmentation, and thickening of the skin. The side of the scrotum adjacent to the patch may become involved, as may also the other thigh, giving rise to symmetrical lesions. Later in the disease the hairs become affected as in the other varieties, and may fall out or break off a short distance from their follicles, or may be twisted or bent.

There is usually considerable itching.

The diseases with which it may be confounded are psoriasis, syphilis, and eczema.

TREATMENT.

The primary indication for the treatment is found in the parasite. That is the cause of the disease, and must be removed before permanent results can be obtained. Parasiticides, such as corrosive sublimate, carbolic acid, thymol, acetic acid, boracic acid, tincture of iodine, ethylate of sodium, sulphurous acid, hyposulphite and sulphite of sodium, and sulphur, should be applied to the affected spots, and the indicated remedy given internally. The fungus could not exist unless in a congenial soil, and to remove the condition of the system which allows of the existence and proliferation of the parasite will require the administration of the remedy or remedies indicated by individual peculiarities. The remedies which have been used by various authors are, Antim. crud., Arsen., Aurum, Baryta carb., Calcar. carb., Carbo anim., Carbo veget., Caustic, Cicuta, Clematis, Dulcam., Graphit., Hepar, Iodium, Ledum, Lycop., Mangan., Mercur. præcip. ruber, Nitrum, Nitric acid, Oleand., Petrol., Phosphor., Rhus tox., Sarsap., Sepia, Silic., Staphis., Sulphur, Tartar. emet., Tellur., and Thuja. I have cured a case of trichophytosis corporis (a mild one) with Dulcam. internally and a two-grain solution of corrosive sublimate externally.

On hairy parts it will be necessary to apply a poultice to loosen the scabs if they are thick, and then, with a good epilation forceps, denude the affected patches of hair, taking several sittings to accomplish it, and after each sitting apply one of the above-mentioned parasiticides.

In conclusion, its extreme contagiousness should never be forgotten. Patients who are affected with the disease in question should be prohibited from using combs, brushes, towels, etc., which may be used by others, and above all wearing others' hats, and sleeping with persons not affected with the malady, should never be allowed.

KENSINGTON WATER SUPPLY.

BY W. W. VAN EUN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

AN absolute necessity to the health, growth and prosperity of a city is an adequate supply of pure and wholesome water. Philadelphia may have the requisite number of gallons, but the purity of these gallons is not such as is conducive to good health. We do not expect, nor is it necessary, that the water

we drink be actually pure. Theoretically water is made up of two elements, without taste, color or odor; nature, however, never supplies it chemically pure. Practically, we always have foreign matter, in greater or less degree, gathered from many sources, added to the oxyhydrogen combination. When these impurities exceed a certain percentage they become dangerous to the health of the community. To remedy this evil it becomes imperative to subject the supply to a purifying process, or to secure it from a new source. Practical purity is the great question with commissioners and engineers of to-day; the means of acquisition may be true happiness to them, but the end in possession by the public will be health to the people.

The purpose of this paper is to briefly call your attention and consideration to the fact that the water supplied by the Kensington works is impure to an offensive and dangerous degree. We will give concisely some of the causes of the impurities, together with a short history of an epidemic of diarrhœa, from water pollution, occurring in this district some twenty-one years ago.

The Kensington water-works are situated just above a sharp bend in the river, at the foot of Otis Street, opposite the lower end of Petty's Island. The supply-pipe runs a short distance out into the river, and bends slightly to the north. A few hundred feet above the works the Aramingo Canal empties; in the Nineteenth Ward, at Cambria Street, midway between Lemon and Cedar streets, Gunner's Run unites with it, and together they pass on to the river. These vents are what may aptly be termed sinks of corruption, into which drain an extensive district, covered not only by dwellings but by various kinds of factories, dye-houses, slaughter-yards, etc. Southwards, in the immediate vicinity, we find emptying their vile contents, the outlets of two or three sewers of sub-drainage areas.

It is estimated that the incoming tide will convey surface sewage and organic matter in solution, four miles, so sewerage emptying anywhere along the river front, from the Old Navy-yard up, is probably carried to and beyond the works. The bend of the river directs the current over the supply-pipe; slack-water being about fifteen minutes, allows the soluble matter to sink and to be drawn directly into the pipes.

The sewage from about 167,500 people is carried into the Delaware daily; this does not include that from the immense shipping wharves on both sides of the river. We

must also not lose sight of soil pollution as a source of contamination, for it eventually finds its way into the river. In order to give some idea of soil pollution it has been reckoned that in the improved sections of the city nearly 500,000 people make no use of underground drainage, but store up their alvine excretions in privy-wells, which are cleaned only when filled and after saturating the surrounding earth with the liquid. To get at the magnitude of this pollution of the soil, let us consider that 10,000 permits are yearly taken out for cleaning wells, which, being less than 200 cubic feet, gives a gross quantity of filth removed of less than 2,000,000 cubic feet; as one person discharges one cubic foot in twenty days, or at least 18 cubic feet per year, 500,000 will discharge 9,000,000 cubic feet, therefore, at least 7,000,000 cubic feet drain yearly into the soil beneath our habitations. Thus we cannot but perceive that Philadelphia has the most execrable sewerage system of any city in the world.

Taking our subject again in hand, it may be asked, How does all this affect the water supply? Why is it that this objectionable material is not carried off promptly to the sea? We can best answer these questions in the words of a master in civil engineering; we will, therefore, take the liberty of quoting Mr. Rudolph Hering, acknowledging at the same time that a number of the figures and facts of this part of our paper are drawn from his writings.* "The minimum daily flow of the Delaware at the head of tide is recorded as being 173,300,000 cubic feet, which would represent the amount of water daily pushing seaward in front of the city during a long drought, as it takes twenty to thirty days for this quantity to pass through the distance which the river flows at one tide, and supposing that the daily discharge of sewage is sufficient to contaminate this daily addition of pure water, then we may assume that if the drought lasts about a month the entire body of water passing the city will have become polluted.

"The fact that the sewage does not commingle uniformly with the river water in the short distance of our city front, but remains in greater abundance near the shore, tends to make this time even shorter.

"If the daily sewage is discharged into the Delaware evenly during twenty-four hours of a day, we find a population of 65,000 would pollute its waters in twenty or thirty days of

* Hering, Sewerage Requirements of Philadelphia. Trans. Engineers' Club, Phila., vol. xi., No. 1.

drought. The entire population living on the Delaware slope is 553,000, but, as seen, the sewage from only about 167,500 is conveyed into the river, therefore, less than two-fifths of this number, neglecting the refuse from ships, would, if our premises are sufficiently accurate, cause the Delaware to become unwholesome at certain times."

Sewage discharged into tidal rivers is a fruitful source of pollution owing to slack-water, which as stated above is about fifteen minutes, permitting much of the sewage to sink to a depth where the current is at all times weak, especially along the docks, to deposit permanently; here it attracts other organic matter, and during the summer months putrescent fermentation takes place, which in turn is swept into the general current by storm water and freshets.

To have pure water we must maintain the purity of the source of supply; common-sense teaches that it is false in principle to first pour all manner of filth into our water supply, and then attempt to get rid of it by an elaborate, and usually an inefficient purging process. The advice of an eminent hydraulic authority is, "If any water intended for domestic purposes is found to be charged with organic matter in solution, the very best plan of treatment is to let it alone, and take the required supply from a purer source."

The following simple experiment will go far to convince any one that something is radically wrong with the water of Kensington and Richmond. During the greater part of the year if a pitcher of water be drawn from a hydrant supplied from the Kensington Works, it will have an unpleasant smell, and if it is allowed to stand in an apartment overnight it will by morning impart an offensive odor to the entire atmosphere of the room.

It is only natural to suppose that the conditions which affect the Kensington water supply, should express themselves ultimately in those forms of disease which we usually ascribe to organic impurity in potable waters. The records of health offices indicate that these are chiefly intestinal in their essential character, and statistics strongly corroborate the opinions of the best sanitary authorities, and the observations of multitudes of physicians, that the use of drinking-water charged with ordinary town-sewage is a most fruitful cause of diarrhœa, cholera, and typhoid diseases. In numerous instances, we know that epidemics of these maladies, varying in their prevalence, in their malignity and in their extent have been directly traceable to such causes. It not unfrequently appears that the virulence

of these outbreaks is directly proportional to the percentage of the contaminating material, though it may require but a minute quantity of typhoid fever excreta to beget an epidemic of appalling malignancy.

The history of the Kensington works presents us with two facts, either of which alone should be sufficient to condemn it to immediate destruction. They are: *first*, the epidemic of diarrhœa in 1862, and secondly the numerous cases of the same disease occurring in the chronic form, from the date above mentioned down to the present.

The epidemic of 1862 was sufficiently prevalent to remind us of some of the outbreaks of plague in the Middle Ages. It spared but few, in some families none at all, and it is doubtful if, in the whole vast district, a single family escaped its ravage. The disease began to manifest itself late in the autumn of 1861, attained its almost universal prevalence in the early months of 1862, and raged with fury for many weeks. As already mentioned, there was probably not a single house in which the disorder did not find from one to a half-dozen or more subjects. The epidemic marked out for itself a distinct and sharply defined boundary, corresponding with the limits of the district supplied by the Kensington works. The cases occurring outside this district, and there were many of them, could in nearly all instances be traced to the use of the Kensington water. Many of the cases were fatal, many more were dangerously severe, and not a few resulted in chronic intestinal disorder. In a large proportion of the cases the diarrhœa was colliquative, accompanied by vomiting, extreme prostration, depression of temperature, muscular cramps, and all the indications of a mild type of cholera. A marked feature of numerous cases was the tendency to relapses. These cases were mostly found to exhibit a profuse watery diarrhœa, together with the discharge of more or less flatus. This would continue for a few days and then subside. The patient would begin to rally, but in a few days the symptoms would recur, and the patient pass through a second attack of precisely similar character, which in its turn was followed by a third, and so on.

These last-mentioned cases are particularly interesting, because they present the same characteristics, as a class of cases occasionally met with in the Kensington district at the present time. The writer has on record a number of such cases, all of which he believes were caused by the use of water pumped from the Delaware River at Otis Street wharf. The details of these cases would require us to transcend the proper limits

of this paper, but the fact that they all occurred in the Kensington water district, and the even more significant fact of their close resemblance to many of the cases occurring during the winter of 1862, furnish pretty forcible evidence of the impurity of the Delaware River water as now supplied by the Kensington pumping-station.

The conclusions these few facts and statements lead to are:

First. The pollution, at all times of the Delaware water, as supplied by the Kensington Works, is such as to render it unfit for drinking or domestic purposes.

Second. At certain seasons of the year, especially during droughts, it is of such a character as to be absolutely prejudicial to health and life, and increases greatly the mortality of the district.

Third. The existing condition of things at the Kensington Works is such as to demand their immediate removal to a site more suitable for the purpose for which they are intended, *i. e.*, to furnish an adequate supply of good and wholesome water.

Finally, on good authority, we understand that these works are to be abandoned at the earliest practicable moment; if by any means, what we have said or cited to-night could be the cause of hastening their removal by at least one month, we feel assured the result would be the saving of valuable lives to the city.

APPENDIX.—Since this paper was written, we have noticed in to-day's news, That on recommendation of Chief Engineer Ludlow, the Committee on Extensions of the Councils' Committee on Water Works, have authorized the construction at the Kensington Works of a wooden trunk from the supply-pipe to a point further out in the river, so as to draw the water from there. This may answer as a partial, temporary relief, but for reasons already apparent it will fail to supply potable water.

Miscellaneous Contributions.

DEVELOPMENT OF THE EYE.

(Translated from *Traité des Maladies des Yeux*, par X. Galezowski, Dr. en Médecine de la Faculté de Paris, etc., Paris, 1875.)

BY W. H. WINSLOW, M.D., PH.D., OF PITTSBURGH, PA.

I. *Development of the Brain and Optic Centres.*—When an ovum is fixed exactly in the womb the blastodermic vesicle shows a spot called embryonic. It is the germinative area, which takes the form of a lyre, and divides itself into two

dark and light portions. These two masses are united by a line, which is the germ of the nervous system. One sees soon appear the whole length a clear primitive groove, which is the rudiment of the spinal canal. This groove transforms itself into a medullary canal, of which the superior dilatations constitute the lateral ventricles.

The medullary canal closes itself above, and dilates little by little in its superior part, and takes the form of three dilatations, placed following each other. These are the three cerebral vesicles, which constitute the germs of the principal portions of the brain. It is from the first of these vesicles that the two ocular excrescences, according to Baër, start.

In the embryo of four weeks one perceives already the birth from one part, of the corpora quadrigemina, and from another part, of the eyes, which have already separated from the rest of the cerebral mass.

This cerebral vesicle belongs to the intermediate (middle) brain, that is to say, to the optic thalami. From that one may see arise, according to Ammon, two conical, hollow projections, which are inclosed in each side of the plastic mass of the head. The anterior portion, more swollen, of this outgrowth, becomes the globe of the eye, and the posterior portion the optic nerve, with its visual centre.

At the commencement of the second day of conception, one distinguishes already the two optic ampullæ. At the middle and at the end of the third day, these ampullæ extend, and at the same time the face is formed, as well as the maxillary arches; the eye appears more prominent, the segments of the face approach, the frontal segments become apparent.

In a human embryo of three to four weeks, one can almost see with the naked eye some traces of the ocular bulb. At the place of the eyes one perceives a flattened ring of bluish-black, opened below. There is no trace of lids at this time, which develop themselves only towards the third month; but the eyes commence to have appreciable dimensions; they increase rapidly, and take elongated forms.

II. *Development of the Lids.*—The cutaneous bed the nearest to the eye, which makes part of the common membrane of the envelope of the head, is composed in the second and third months of intra-uterine life, of simple transition cells, between which appear, later, the embryonic fibres of the conjunctival tissue, and at the expense of which the development of the lids is effected.

One sees at first to form two cutaneous folds, superior and

inferior, which surround closely the globe of the eye, and which later develop and extend before it until their borders touch and cover the eye.

From the tenth to the twelfth week the palpebral cleft is yet large and the two borders are turned aside, the superior and inferior palpebral borders are depressed (hollowed out) in the middle in the form of arches.

In a fœtus of three months Von Ammon found the palpebral cleft completely established, but slightly gaping in the middle; the angles were also well formed. Towards the end of the fourth month the closed lids appeared almost transparent and gelatinous, the palpebral cleft closed and obliterated.

The lachrymal puncta form at the end of the fourth month simultaneously with the lachrymal canal, which, according to all probability, forms at first a gutter, transforming itself little by little into a canal.

While the lids are closed the meibomian glands develop themselves in the two lids simultaneously; little by little appear in the membrane interpalpebral rounded openings, which Ammon calls points of absorption. These points increase in size progressively, and in a horizontal line, until the separation of the lids becomes complete. For some time the borders of the lids form serrations (tooth-like processes).

III. *Development of the Face and Orbit.*—The face forms itself slowly by lamellated productions, analogous to those which are disposed in the whole extent of the trunk. They increase individually under the form of lamellæ, which unite upon the median line. These productions are separated from each other during a variable time by horizontal clefts which bear the name of branchial arches. The idea that these arches and these clefts were, if not the analogues, at least the representatives of the organ of respiration of the fish has caused to be given to them the name of branchial or visceral arches. According to Rathke and Baër, one observes five of them in the bird and four in the mammalia. These four lamellæ proceed from the superior extremity of the vertebral column. The first three start from the vertebral body, which serves them for support; they begin in the form of prolongations applied against the inner face of the lateral walls of the cephalic hood (*capuchon*), and advance towards the median line in the same manner as the costal prolongations. The fourth branchial arch has the same connection with the superior cervical vertebrae, but its metamorphosis, in place of giving birth to the perma-

ment skeleton, serves but for the production of the soft parts of the neck.

The mouth, nose, the two jaws, and the palate, are produced at the expense of the first visceral arch. The two inferior appendages are destined to form by their union the lower jaw. In front and outwards, one may see two other appendages, quite removed from each other; these are the superior maxillary buds destined to form the upper jaw by their union on the median line.

In their interval, one may see develop the median bud, which is nothing but the primitive frontal bud. These frontal buds, or teeth, and the two superior mandibles, are so much separated from each side of the median line that the eyes find themselves during a long time compressed backwards. The lateral projections tend more and more to approach each other in front, in order to unite together and form the buccal and nasal cavities. But, before the union takes place, one notices a furrow, which extends itself from the internal angle of the eye under the process of the wing of the nose towards the buccal opening. It is the origin of the nasal canal, which opens at this epoch into the mouth. At the ninth week the palatine vault is completely closed and isolated from the nasal cavity, in which the nasal canal opens.

The development of the superior maxillary is important to understand. It shows us the formation of the orbital cavity itself. This bone develops by five points of ossification; four of these points appear towards the fortieth or forty-fifth day of foetal life. These are: one for the intermaxillary bone, one for the malar apophysis, one for the canine fossa, and one for the palatine apophysis. In the third month appears the fifth point of ossification for the floor of the orbit. This is the orbital point.

The consolidation of these different pieces takes place very rapidly, and already in the sixth month of foetal life it is almost complete. The apophysis rising with its nasal canal is formed by the convergence of the palatine and facial pieces.

One will understand now easily that the arrest of development during this period of foetal evolution would be able to give place to different anomalies of the face as well as of the eye. It is thus that the lids would remain closed after birth or remain cleft in the middle (coloboma of the lids); the lachrymal canals would form little gutters, and, in fact, the skin might be confined in the points of union of the branchial arches and form dermoid cysts, as was very correctly demonstrated

by Varneuil. Some authors, Morgagni and Caron among others, have reported the absence of the eyelids; the arrest of the development should then be referred to the commencement of the second month of fœtal life.

IV. *The Development of the Sclerotic and Cornea.*—We have seen above that the birth of the globe of the eye is intimately connected with the appearance of the first cerebral vesicle. Let us examine now in detail the formation of each of the parts which compose the eye properly so called.

The ocular membrane which detaches itself from the brain forms a cavity closed before; it communicates behind by a fissure with the cerebral ampulla. It receives by this opening the cerebral fluid, which fills it and distends it in the form of a sac. Already at this epoch the optic vesicle contains the germ of the crystalline lens, the vitreous body, and the choroid; the envelope of this vesicle is transformed into the sclerotic and cornea.

The German anatomists have endeavored to show a continuity between the parts of the brain and the elements of the eye. For these authors the sclerotic and the cornea are analogues of the dura mater, the lamina fusca and the membrane of Descemet are analogues of the arachnoid; the choroid is an analogue of the pia mater; finally, the retina is the analogue of the cerebral substance.

The sclerotic and the transparent cornea in a human embryo present the characters of a special envelope of the eye, but in the fifth week there does not yet exist any boundary between the sclerotic and the cornea; this last forms the anterior segment of the other. The difference manifests itself only towards the sixth week. At this period the transparent cornea has all its distinctive characters. The proportional curvature of the cornea is more considerable in the embryo of twelve weeks, than in the fœtus more advanced in age and in the adult; then it diminishes gradually.

This membrane is also thicker in the embryo, and even in the new-born, than in the adult.

The real development of the sclerotic as a solid membrane takes place in the second half of pregnancy, at the time when the completed organ has undergone its successive metamorphoses and the sclerotic is united to the sheath of the optic nerve.

The posterior segment of the external membrane of the eye, the sclerotic, is, contrary to the transparent cornea, much thinner during the course of the embryonic life, and even after

birth, than in the adult. That is why the membrane is translucent; at the beginning of the third month it receives pigment upon its inner face.

The cornea of the eye of the foetus undergoes during foetal life several very important modifications which it is necessary to note. At the beginning of intra-uterine life it presents itself under the form of a very much flattened transparent disk. Later, when the iris commences to develop, it becomes more conical, and it is only before birth that it acquires its size and its definite convexity.

A little while before the second half of pregnancy, Robin has found numerous vascular ramifications spread out on all its surface. At the line of demarcation of these two membranes one finds a great arterial vessel, having a circular form; from this vascular ring numerous capillary branches are given off, which spread themselves over the entire cornea. It is towards the end of the fifth month that the corneal vessels commence to turn aside, to diminish, and finally to disappear.

V. *Development of the Choroid.*—Arnold believes he is able to fix at the end of the first month the formation of the choroid as analogous to the cerebral pia mater, because he has been able at this time to distinguish vessels which penetrate into the interior of the eye. Nevertheless, it is difficult to perceive it before the eighth week. The iris is produced later. The choroid reaches at first as far as the anterior border of the sclerotic and simulates the pupil. It is at its anterior border that the formation of pigment commences; the border seems then to constitute an iris, although this does not yet exist.

It is by examining day by day the embryos of chickens, that Ammon has been able to represent exactly all the phases of evolution of the choroid. One notices there, says he, very soon externally, a bluish ring, incomplete below, in form a little elongated, which transforms itself promptly into a complete circle. It is the anterior border of the choroid. The remainder of the choroid forms at this time an elongated membrane rolled upon itself, the borders of which do not yet touch. There results from this below and behind a gap which disappears little by little, and in proportion as the borders approach each other and unite together. The solution of continuity which exists between its borders constitutes the choroidal cleft. With further development there remain ordinarily no traces of this; at other times it forms a very distinct raphe at the place of their union, which constitutes often a congenital anomaly, which we call coloboma of the choroid.

VI. *Development of the Ciliary Body.*—Towards the middle of the third month, Valentine has seen the internal surface of the choroid modify itself and limit itself clearly. Little by little it extends itself as far as the border of the cornea, already completely formed at this time. This choroidal margin, very abrupt and projecting, is formed by the ciliary process.

The ciliary body commences during the fifth week, by the very little folds forming the ciliary processes, which appear at the anterior border of the choroid, at the place where this surrounds the capsule of the crystalline lens. These processes are very apparent in the sixth week. According to Ammon, one discovers them only in the fœtus of three or four months.

VII. *Development of the Iris.*—This membrane appears, according to Valentine, towards the middle or at the end of the third month, and according to Arnold, in the course of the seventh week. Those persons who think they have seen this membrane earlier, have confounded with it, as we have said, the anterior border of the choroid, which forms in the beginning a kind of pupil.

The iris appears under the form of a narrow ring, transparent, colorless, and perfectly closed, on the anterior border of the choroid, and little by little it extends from without inwards. Arnold makes the iris spring from a membranous expansion of the long ciliary arteries, just as he considers the choroid a membranous expansion of the short ciliary. Rathke, who observed the iris in the adder, saw it as a prolongation immediately from the choroid.

When the iritic ring increases in approaching the centre, one sees little by little form on the anterior face, circles which give to the anterior surface an annular appearance. It is in the tenth month that the development of the radiating fibres commences.

The iris is constantly covered by the delicate pupillary membrane, which arises from the ciliary circle and from the tensor of the choroid, and which passes before the iris and reaches the pupil, obliterating the latter for some time.

The pupillary membrane applies itself more and more exactly to the anterior surface of the iris, in the commencement or towards the middle of the last month of pregnancy; it unites with the iris in several parts, and adheres less strongly in others.

There result from this, folds in the pupillary membrane, which become more and more delicate in consequence of the

obliteration of vessels ; these folds prepare the development of the transparent network of which the appearance is, according to Ammon, the last act of iridogenesis in the fœtus. This membrane is composed, according to Robin, from its beginning, of an amorphous substance, permeated by a vascular network. This membrane disappears ordinarily towards the first month of fœtal life.

When one examines the iris of an infant that has died a little before term, one finds at the ciliary border delicate short fringes which are floating in the aqueous. This tissue is formed of an amorphous substance inclosing débris of the obliterated vessels, and which is no other than the pupillary membrane.

There exists, according to Ammon, a choroido-uvæan membrane, which, after having enveloped the ciliary process, when the iris does not yet exist, covers in front the anterior capsule in the form of a completely closed membrane; it covers later the posterior face of the iris, unites with it closely, becomes pigmented, and makes the iritic uvea. Ammon gives to it the name of the posterior pupillary membrane, while the pupillary membrane, properly speaking, becomes for him the anterior pupillary membrane.

The different forms of discoria, of obliteration of the pupil (*acoria*), or of multiple pupils (*polycoria*) depend upon perturbations supervening in the development of the iris and of the pupillary membrane.

VIII. *Development of the Crystalline Lens.*—When one studies with care the first rudiments of the crystalline lens and its capsule, one notices there an envelope completely closed, adherent to the hyaloid membrane, which constitutes a body almost spherical. But the crystalline mass in the beginning does not fill entirely the intra-capsular cavity; about one-fourth of it is filled during a long time by a transparent liquid. The lens is found in the middle; in front one notices a prolongation which unites it to the inner wall of the anterior capsule.

Most authors think that the materials destined to produce the crystalline lens are contained in the primitive ocular vesicle, and, while some make the vitreous body originate from this liquid, Arnold destines it entirely to the formation of the crystalline lens and the capsule. The integuments are depressed in the anterior median part of the primitive ocular vesicle, so that the capsule is produced first under the form of a sac largely opened forwards, but of which the opening becomes contracted little by little; there results from this a small

opening that one may still see, in the chicken, at the end of the third day.

According to Ch. Robin, the crystalline is formed by an inversion of the integument in the interior of the ocular vesicle of the embryo. To judge of it by the figures of Remak, the crystalline is developed in the middle of an empty space around which imbricated lamellæ arrange themselves.

The formation of the crystalline capsule in the embryos of chickens takes place, according to Ammon, at the end of the second or the commencement of the third day. The crystalline covering at the beginning is not found in the centre of the bulb, but it is inclined upwards and forwards.

It is at this time also that the crystalline is found very near to the posterior face of the cornea. At the same time it is united to the hyaloid, which at this time is but a single membrane. The hyaloid artery extends to the posterior capsule, sometimes to its centre, sometimes a little to the side. The lens is sometimes irregular, pointed below, and split even to its extremity, which depends probably upon an incomplete union of its envelope.

IX. Development of the Vitreous Body.—We have said above that the vitreous body at the beginning of development of the eye, towards the third month, presents itself as a little transparent appendage of the capsule, supported on its other sides by the retina. At this time the crystalline is already much developed and almost fills the ocular cavity. The hyaloid membrane presents itself in the form of a disk or of a horse-shoe, its concave face directed upwards. It is corrugated at the inferior part, where there remains a slit for a long time, which is the point of departure and the origin of the hyaloid canal. It is at first only a gutter formed by the position that the hyaloid of the foetus takes in folding itself upon itself; the borders of the membrane approach each other later more and more, and finish by uniting together. This sulcus, or groove, is transformed into a complete canal, which disappears later in its turn, or leaves mostly only a raphe, which persists often during a long time.

One may recognize by the aid of a loup, in the eye of a human foetus of three months, the delicate hyaloid, folded and forming only an appendage of the posterior crystalline capsule.

The vascular membranes of the eye of the foetus receive their nutrition in great part from the central artery and vein, which penetrate by the slit in the sclerotic, and ramify in the canal of the vitreous body directing themselves afterwards to

the crystalline capsule. Ammon has been able to distinguish several collateral branches, some of them going to the sclerotic, and others to the choroid and retina. Robin has seen the excessively numerous branches developed on the whole extent of the vitreous body and the hyaloid membrane. These vessels expand upon the folded surface of the vitreous body, which is in connection with the retina, and they have often been confounded with the vascular membrane of the retina.

Ammon has seen sometimes little collateral branches of the hyaloid artery penetrate by openings, which existed in the lamellæ of the vitreous body (*foramina parietalia*), and distribute themselves afterwards to the deeper parts of the hyaloid.

Having reached the posterior capsule, the hyaloid artery divides into three or four branches; there they make numerous ramifications, which pass through the crystalline margin to the anterior capsule, where they are distributed.

At the end of the fifth month, or in the middle of the sixth, the artery becomes white, then invisible; the capsular vessels become also invisible and disappear totally, and, with them, all trace of the hyaloid canal itself. It is only in very rare cases that one meets with the persistence of hyaloid vessels in the adult.

X. *Development of the Retina.*—The ocular vesicle which springs from the brain in the first days of foetal life is filled by a cerebral fluid communicating with the primitive central sac. This fluid contained in the optic vesicle becomes afterwards the principal element for the development of the retina.

It was towards the fourth week of foetal life that Arnold perceived the retina under the form of a white and flocculent substance surrounding the crystalline, which is already at this time well formed. Behind and a little to one side, it presents, according to Ammon, a very wide slit prolonged as far as the margin of the capsule, which corresponds to the sclero-choroidal cleft.

In the foetus of three months, the retina is thick, covered with folds, and supplied by a few delicate vessels upon its internal face, which reach there by the retinal cleft.

Towards the middle of the third month, the retina resembles, as Ammon says, a portion of the brain, provided with very many thick convolutions having a well-marked whitish tint.

Towards the end of intra-uterine life, almost at the commencement of the ninth month, the folds are effaced more and more, the retina is distended, becomes united and transparent, and there remain only a few creases in the posterior segment.

Exceptionally in man, they may persist after birth, as I have had occasion to observe twice, and of which a plate will be found in my *Atlas Ophthalmoscopique*.

The macula lutea presents a depression, and this depression remains during life at a little distance from the point of entrance of the optic nerve. This latter is formed only very late. It is composed at first, during a long time, of a canal communicating with the primitive cerebral cavity. It is only later that the elements of the nerve fibres appear in the walls of this canal; the canal contracts more and more, and the nerve is transformed into a cord, which is seen at the end of the third or the commencement of the fourth month, under the form of a projection rising above the level of the retina.

CORRESPONDENCE.

LEIPZIG, April 11th, 1883.

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES: According to custom, the homœopathic physicians of Leipzig met last night at Kötter's Hall, to celebrate the birthday of Samuel Hahnemann. Dr. Lohrbacker held the principal oration, and gave a summary of what had been gained during the past year, as well as an account of proceedings in the suit which had been brought against the homœopathic physicians by some of the allopathic professors of the University of Leipzig. During the proceedings a toast was proposed to the homœopathic physicians of the United States, and the undersigned, being the only American physician present, was requested to report this fact, and send the best wishes for the welfare of our colleagues on the other side of the Atlantic. The toast was drunk and three rousing cheers were then given.

Fraternally,

B. CYRIEX, M.D.,

Late of Cleveland, Ohio.

DIABETES MELLITUS—A CASE.

BY F. EGE, M.D., READING, PA.

MR. J. K., æt. 49 years, a merchant, was treated by several prominent old-school physicians for diabetes mellitus. The principal curative means employed seem to have been Pepsin and Digitalis.

When he came under my treatment, August, 1881, he presented the following symptoms: Abnormal hunger and thirst; great oppression at the epigastrium; sour eructations after meals; constipation, alternating with diarrhœa. Pulse, 140; eyes, prominent. Palpitation of the heart.

The urine contained 6 per ct. of sugar, and was of a specific gravity of 1046. About 190 ounces (avoirdupois) were voided every twenty-four hours. Not satisfied with a single test, I employed Fœhling's and Trommer's tests, the test with bismuth, and finally that with yeast.

The patient was, of course, excessively weak. For a year he had been impotent. He was very restless, obliged to move about, and had a desire for the open air.

My first prescription was *Nux vomica*^{3x}, given for eight days. This effected an improvement in stomach and bowels. Next, I decided upon *Arsenicum*^{6x}, guided by debility, thirst, and nightly restlessness. Four weeks' treatment with this medicine resulted in a marked lessening of the symptoms, and, what was a positive evidence of gain, a diminution of the specific gravity of the urine to 1035.

Well satisfied with the progress of my case, I continued the Arsenic for four months, occasionally, however, interposing a few doses of *Nux vomica*, when gastric symptoms called for it.

At the end of this period he had gained in weight only five pounds; so I determined to change the remedy. The heart symptoms, hunger, thirst, prominent eyes, and a tendency to eruptions, led me to *Iodium*^{3x}. After four weeks' trial, my patient was greatly improved, especially were the hunger and eye-symptoms lessened.

Two months later he had an attack of diarrhœa. The evacuations were watery, frequent, and painless, and accompanied with much rumbling in the bowels, general prostration and apathy. Phosphoric acid³⁰ was administered in water, a dose every half hour. Improvement was rapid.

As he began to rally from this relapse I again tested the urine, and found, to my delight, that its specific gravity was 1025.

For four months he steadily improved, gaining in weight forty-five pounds. Now, after the lapse of a year, his weight is one hundred and forty-six pounds, a gain of fifty pounds, his urine is normal, and his return to health well assured.

1883.]

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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


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No. 6.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

HOMŒOPATHISTS DISHONEST.—Dr. Austin Flint says of homœopathists, “If we refused to consult with them in the days when they honestly believed in homœopathy, how can we consult with them now, when they are no longer honest?”

An accusation so sweeping as this needs strong proof of truthfulness to elevate it above slander and vilification. Can Dr. Flint furnish such proofs? We aver not. We have been intimately associated with practitioners of homœopathy for several years, and yet we have met with very few avowed followers of Hahnemann who merit the despicable adjective, dishonest.

Does Dr. Flint understand the tenets of homœopathy? We do not like to say no, lest he add to his charges that of uttering a falsehood. But allopathists are usually so lamentably ignorant of the true import of the principles of the Organon that we feel justified in propounding the query. And, too, it would be far better for Dr. Flint’s honor and justice were his epithet of universal dishonesty based upon ignorance rather than upon the abuse of facts.

Homœopathy differs from the old school mainly in therapeutics. It teaches the same operative surgery, the same art of obstetrics, the same physiology, pathology, anatomy, chemistry and physics. Whatever modifications it introduces depend upon the central law of drug-action, by which all practice is regulated.

It does not forbid the employment of such adjuvants as electricity, massage, rest-cure, hygienic measures, physical exercises, and the like. It does not deny the so-called physiological action of drugs; nor does it dispute their antagonism. The latter is admitted to be true so far as it goes, but as it illustrates only one phase of the law of cure, it is considered insufficient as a guide in practice.

So effective are drugs selected according to the law of similars, that many of these adjuvants are not needed; at least, they are not so essential as to demand the prominence they claim in the old school. Still, they are not neglected by homœopathsists, neither are they dishonestly employed.

But suppose we grant, for the sake of argument, that a large number of Hahnemann's followers do not restrict themselves to homœopathy in therapeutics—that they frequently resort to prescriptions avowedly allopathic. Does this make them "no longer honest?" Is a man dishonest because, thinking one method insufficient, he supplements it with others?

There remains but one charge, that of deception: we are dishonest because we pretend to follow Hahnemann, while, in reality, we resort to old-school expedients to cure the sick.

If such deception is practiced, then is Dr. Flint justified. But to assert that it is universally practiced, or that even a respectable minority, pretending to be purists, surreptitiously resort to allopathic measures, is a base slander. And a strong point against Dr. Flint is the impossibility of his determining the motives of the six thousand and more practitioners who are enrolled as homœopathsists.

But there is still another aspect of the matter. Homœopathy is one thing and the teaching of Hahnemann is another. Personally we may accept every dogma set forth in the *Organon*, yet we cannot denounce one as not a homœopathsist who denies some of these dogmas, provided he accepts the principle of similia. Much less can we declare him dishonest, if he practices faithfully and openly according to his convictions.

No, there is not a shadow of proof of the assertion that homœopathsists believe any less honestly now than they did in the days in which they were persecuted by the dominant

school forty years ago, at a time when that school wielded a legal power now happily denied it.

Dr. Flint's words, "How can we consult with them now, when they are no longer honest?" seem full of a holy dread of contamination. But, when it is seen how falsely they accuse, they appear as a cloak, concealing, under the pretence of virtuous self-protection, black and shameful slander.

NO AFFILIATION WITH ALLOPATHS.—The conduct of an individual, a community, or a profession, acquires its moral essence from the motives which actuate it. If the motives be praiseworthy, the act itself will not often be censurable; but if the objects sought be questionable, the outward act can rarely expect to escape unfavorable criticism. Sooner or later the attitude and relation of the two schools of medicine, one to the other, must be judged by this standard, and the motives, the objects sought, and the attitude also, will be made the basis of a public verdict, in which the profession itself will perforce acquiesce. The only safe method, then, of deciding what ought to be the future course of the homeopathic profession, in reference to the changed and changing attitude of allopathy, is to see to it that we are actuated only by a desire for the highest usefulness of the whole body of medical men, living and yet to live.

People possessing right views of life, of its responsibilities and duties, very much prefer peace to war, harmony to discord, unity to factiousness. Men will even surrender something of personal right, or suppress something of personal conviction, in order to secure and maintain harmony; and as medical men are made of the same stuff as other people, it is altogether likely that they too would be naturally drawn together, spite of their disparity of belief, were it not for the untoward influence of a pernicious system of education. Naturally there is no reason for any wider separation between the two schools of medicine than between any two religious sects, or between any two schools of philosophy. The wide estrangement and the bitter antagonism, are purely artificial,—brought about by a persistent assumption of undue prerogative by the one party, and a sturdy and determined defence of its natural rights by the other. The acrimony thus engendered has become so sharp that time and again it has made men forget the rules of common politeness, and even to ignore the claims of suffering humanity. To put away this acrimony, and to bring medical men of widely diverse views into nearer and more friendly

relationship, were a consummation devoutly to be wished, if only it could be done without injury to the best interests of humanity.

That medical science is progressive, ever reaching out toward perfection, is its highest boast. Yet what an empty boast, if the will of the majority, representing always the *past*, is to be allowed to crush out the results of later research, carried on as it always is, by an exceedingly small minority? The vanguard of an army is *always* numerically small; the pioneers of the medical profession, the Harveys, the Hahnemanns, the Listers, and the Kochs, are always insignificant in numbers. Is it to be accepted as a settled principle of medical ethics, that the opinions of these pioneers are to be always subject to the will of a majority, few, if any, of whom are competent even to form their own opinions respecting any new discovery, much less to dictate the opinions of other men? Is society legislation always to take the place of logic, and numerical force to usurp the prerogative of scientific demonstration? If so, where is the promise of the future of medical science, and in what respect will succeeding generations of physicians be wiser or more skilful than we?

To the issue which divides the medical profession into opposing factions, the question of the truth or falsity of homœopathy holds not the slightest logical relation. For the sake of argument we might admit the doctrine of similars to be as false as the father of lies himself. Yet even then, with all physicians united under one therapeutic belief, we should still have allopathy barring the gateway to medical progress, denouncing before its discovery, any *general* system of medical practice, and forbidding physicians to treat disease in any manner not in accordance with *her* preconceived notions.

To some it may appear that the New York allopaths are disposed to recede from this absurd and obstructive position. The adoption of their new code has evidently led some of their own number, possibly some homœopathists also, into the belief that there is, in that State, no longer any ethical issue between the two schools. How delusive this belief is, will be apparent from the most superficial examination of the new code. Nowhere in that instrument has the New York society renounced its right (?) to control medical opinions and medical practice within the State. Indeed it has explicitly re-asserted it. Even the provision *allowing* consultation between the two schools can be rescinded at any time by the society, and without any inconsistency on its part. The attitude of the New York so-

ciety is not essentially different from that of the American Medical Association, and it is in the highest degree important that *professional* men should know it and feel it.

Even if the allopathic sect had formally renounced its absurd claim, we should still be consummate idiots to hold any affiliation with its members until they had also recognized the validity of a course of instruction in and graduation from a homœopathic school, conceded our right to a voice in the management of public hospitals, admitted our surgeons to the medical corps of the Army and Navy, and welcomed us to their local, state, and national societies. If there is any homœopathist ready to believe that such things are about to happen, he must be sanguine indeed.

No! the war is not yet fought out, nor nearly so. We have a good many more important positions to secure, a good many more battles to wage, and a great many more decisive victories to achieve, ere the obstructive spirit of allopathy is humbled, and its power for evil effectually destroyed. Perhaps, when we have wrested from her a few more State hospitals, driven her from the control of the medical department of the Army and Navy, and turned her out of a half-dozen of our oldest universities; in other words, when the numerical majority is *on the other side*, she may be brought to a "realizing sense" of the absurdity and the stupidity of her position. Until that time she will yield only that which she can no longer retain.

Until that time what ought to be the policy of a progressive school? Desirable as peace may be, it is better to bear a sword than to wear a chain. Shall we agree to a truce with an enemy who openly avows his purpose to violate it? Before we judge the American Medical Association too harshly, let us not forget that the leading champions of the New York code—several of them at any rate—have expressly and repeatedly urged its adoption in order that they might abuse the privilege of consultation, by seeking opportunity to undermine the patient's confidence in his physician. In other words, *they announce their object to be to steal patients from homœopathic physicians by the abuse of consultation privileges.* (And these are the men who charge homœopathists with dishonesty.) The New York State Homœopathic Society would be amply justified in holding up this rascally scheme to public denunciation, and in declaring that while they will continue, as always heretofore, to give the benefit of their counsel to the patient of any allopathic physician who may desire it, they must henceforth decline to

associate professionally in any *avoidable* way with men whose attitude exhibits such an utter lack of professional honesty.

ABSOLUTION.—Dr. Piffard says, in the *New York Medical Journal*: “It is the writer’s position that social and professional absolution be accorded to all who are willing to renounce exclusivism and unite with the main body of the profession.”

In self-conceit, arrogance and self-righteousness, these words are unsurpassed even in the annals of religious bigotry. Absolution, indeed! What crime have homœopathists committed that they need absolution, especially absolution at the hands of those who have vilified them? Was it a crime to seek legal redress against persecution? Was it a crime to follow conscience and adhere to avowed principles?

If there is a man in the ranks of homœopathy who will avail himself of this proffered forgiveness, let him be branded as a despicable, craven-hearted traitor. Unfaithful to the trust left him by his persecuted predecessors, treacherous to his fellow-workers, and false to the truth, let his name go down to posterity with deserved ignominy.

If homœopathy was ever in danger, it is so now. Failing to break our solid column by violent means, the enemy now purposes trying diplomacy. Tempting proffers are made. “Merely drop your name and you may practice as you choose.” “Cease upholding the ‘rule’ of similars as a ‘law,’ and you may become one with us.” “Abandon Hahnemann [this is a little bolder] and call yourselves *physicians* simply.” And now, “renounce exclusivism and you shall be absolved.” This is impudently bold. Cannot those homœopathists who have been allured by the hope of a common ground of union see the death of homœopathy in the last enticement? Allopamy is to surrender nothing; but, instead, it is to claim royal and priestly powers over penitent homœopathists, who, by their surrender, acknowledge that they have erred, and, worst of all, admit that their precious law is but a convenient rule, of use until superseded.

Hahnemann’s discovery is a law of nature, as immutable as truth itself. And those of us who believe in it must defend it faithfully, unitedly, and *intelligently*, if we would be good stewards and honest men, and would save our school from insidious foes without and traitors within.

THE NATIONAL CONVENTION.—Before the next number of this journal reaches its readers, another annual session of

the American Institute of Homœopathy will have passed into medical history. The meeting, as probably all physicians know, is to be held at Niagara Falls, New York, on the 19th, 20th, 21st, and 22d of June. The attendance ought to be, and in all likelihood will be, considerably larger than the average, and amongst those present will be an unusual complement of ladies, the wives, daughters, sisters and friends of the members.


Of the attractions of Niagara Falls as a place of public resort it is unnecessary to speak. It is right, however, to say that the very judicious and energetic committee having the matter in charge, has made every possible arrangement for the comfort and enjoyment of the guests, as well as for the substantial profit of those who will participate in any way in the solid work of the Convention. Because there *will* be men there, and women too, whose one aim and object will be, not to enjoy the attractions of Niagara, but to labor earnestly and steadily on, just as they do at home, to prosper the cause of homœopathy—the cause of humanity.

The most important of the subjects, beyond all comparison, that will engage the attention of the Institute, will be our drug provings and our drug preparations. That we need—that we must have—an improvement in the literature of our *materia medica*, an increased and more accurate knowledge of the pathogenesis of drugs, and more exact and reliable methods of preparing medicines for administration, is by no means a new thought. A vast amount of discussion has already been devoted to the subject, and the research that some of our scientists have bestowed upon it has demonstrated the necessity of better methods, better knowledge, and better text-books. To the members of a conscientious profession, the mere suggestion of methods for improvement is an all-sufficient stimulus. Efficient as our practice may have heretofore been, as compared with that of less enlightened schools, it can satisfy none of us so long as it is possible to make it better. It is this characteristic of the medical profession that has prompted most, perhaps all, of the work of the coming session of the Institute, and knowing the ability of the men and women to whom it has been intrusted, a successful and profitable session may be safely predicted.

The physician who has never attended a meeting of the American Institute of Homœopathy, nor entered earnestly into its spirit, can have but a feeble conception of the earnestness, the enthusiasm, the good fellowship, and the spirit of

brotherhood developed and cultivated by these annual assemblages. Nor can any of us fully estimate their worth to the progress and safety of our school or to the advancement of medical science. The influence of the American Institute of Homœopathy extends beyond our own school and into the avenues of public thought; yea, even into the councils and the counsels of our opponents, and wherever its influence extends, it elevates the science and art of homœopathy in professional and public esteem, and contributes to the well-being of our race.

It is never out of order to urge physicians, and especially our younger physicians, to join the American Institute of Homœopathy. After the initiation fee of five dollars is paid, it costs but five dollars per annum. Write to the Secretary, J. C. Burgher, M.D., 332 Penn Avenue, Pittsburgh, Pa., for a blank application for membership, fill it up as directed (write your name and address *very plainly*, and give the *exact legal title of the college* from which you graduated, or you will have the chairman of the Board of Censors after you), then inclose it, with a ten dollar bill, again to the secretary, then pack your valise, take a train for Niagara, and see that your application goes through. If you wish to know about the details of the session, look in our news columns for this month, or else write to the secretary for a circular.

 WE invite attention to the *second* of Dr. A. Korndörfer's papers on the Organon, as published this month. The first of these papers appeared more than a year ago. Soon after its appearance, Dr. Korndörfer was for a long time incapacitated, by serious sickness, from pursuing the subject further. We are glad to receive this positive evidence of his restoration to health, and think our readers will greatly enjoy his vigorous article on "The Law of Cure."

Notes and Comments.

PROVE, PROVED.—Why will authors continue to use the word "proven" in place of "proved?" Proven is a Scottism, and is inadmissible in careful writing.

BARON JULES CLOQUET, a celebrated surgeon, died at his residence in Paris, on the 23d of February, 1883. He reached the advanced age of ninety-four.

BROWN'S MILLS.—We call attention to this health resort (see last page of cover). Dr. Aug. Korndörfer, who has personally examined the locality, and has received great benefit from his visits there, feels fully justified in

recommending it, both for its sanitary advantages and for the courtesy and kindness of the proprietor of the hotel, Mr. A. H. Pennock.

MAN'S FOUR EARS.—Our little nine-year old, after hearing a lecture at school upon anatomy, astonished us by declaring that a man possesses four ears, two of which are dog's ears. His mother objecting to the insinuation was about to remonstrate with him, when he explained: "Why, mamma, there's one ear, there's another, and then you've got two ears on your heart, that are called so because they look like a dog's!"

SUICIDES IN PHILADELPHIA.—The Quaker City has the most contented population of any of the great cities of the Union, if the statistics of suicides prove anything. In 1882 there were 89 suicides, a ratio of 8.03 per 100,000. New York had 152, or 11.59 per 100,000. San Francisco and Boston had, respectively, 37.65 and 11.03 per 100,000. So Philadelphia is the happiest and San Francisco the most melancholy city.—*Medical Register*.

UNCONSTITUTIONAL MEDICAL LAWS.—A physician graduates in Ohio, New York, or in any other State, and gets a diploma, as evidence that he has the qualifications set forth in his diploma. There is no constitutional power in any State to prevent him from following his calling. If this is not so, young men, instead of graduating in the medical schools of their choice, had better learn the popular prejudices of the locality they intend to practice in, and play the popular demagogue for the cash. . . . Texas had a law on its statute books in the interest of a certain class of physicians; but as a rule the graduates of all creeds in medicine paid no attention to it, and no attempt was made to punish them. Legislators, after being pounded by liberal physicians of all schools, found out at last that they were constitutionally bound to respect the diplomas from other States. So they repealed the "gag" medical law. There is nothing like knowing one is right, and then "bucking" against imposition in true Texas style.—*Eclectic Medical Journal*.

FOR LADY DOCTORS TO READ AND OTHERS TO HEED.—Mr. Gould, in his book on "Good English," says: "*Poet* means simply a person who writes poetry; and *author*, in the sense under consideration, a person who writes either poetry or prose—not a *man* who writes, but a *person* who writes. Nothing in either word indicates sex; and everybody knows that the functions of both poets and authors are common to both sexes. Hence, *authoress* and *poetess* are superfluous. And they are superfluous also in another respect, that they are very rarely used, indeed they hardly *can* be used independently of the *name* of the writer, as Mrs., or Miss, or a female Christian name. They are, besides, philological absurdities, because they are fabricated on the false assumption that their primaries indicate *men*. They are, moreover, liable to the charge of affectation and prettiness, to say nothing of pedantic pretension to accuracy.

"If the *ess* is to be permitted, there is no reason for excluding it from *any* noun that indicates a person; and the next editions of our dictionaries may be made complete by the addition of *doctress*, *writeress*, *officeress*, *manageress*, *superintendentess*, *secretaryess*, *treasureress*, *walkeress*, *talkeress*, and so on to the end of the vocabulary."

TREATMENT OF STAMMERING.—Mr. J. E. Sutterlin has for eight years conducted an institute in this city for the cure of stuttering and stammering, with most satisfactory success. His system is philosophical and simple, and is based on the plainest common-sense principles. Excluding reliance on medical aids, it comprises chiefly careful drill of the vocal organs, and such mental discipline as will contribute to the object. In the first stage of treatment, the subject is not permitted to talk, except to practice his exercises, and to make such movements in speech as can be guided and observed by

the teacher. During this time he is taught to consider himself, not a patient, but a student of speech. In the second stage, which is begun when enough has been done in the first, the pupil is encouraged to talk, for practice, at every opportunity, with a "legato" movement (as in music) and a strong accent. In the third stage he is allowed to talk more naturally, but in a studied manner; and in the fourth stage he is permitted to employ his normal way of speaking, but is by this time relieved from the impediment under which he formerly suffered. The physis part of the treatment, which aims to divert the pupil's mind from himself and his troubles, is the most difficult and, at the same time, the most essential part. The time required for success depends very largely and, in fact, chiefly on the mental constitution of the subject.

From this brief description of an effective method of treatment, the parent may gather the useful hint that, to remedy any incipient tendency in his child to stammer, he should exercise a mild and kind but firm ruling, suppress all irritability of temper, observe for the child all the laws of health, and be careful as to his own manner of talking and the patterns he may set for the child. By attention to such matters, even the most unskilled may correct the evil before the child begins to be conscious that he is a stammerer; and, by a general regard to such principles as are here laid down, the affliction might be wholly removed or its frequency greatly reduced in the course of a generation or two. The statistics collected and preserved by Mr. Suiterlin show that the stammering habit is contracted, with only very rare exceptions, between infancy and ten years of age.—*The Popular Science Monthly*. [N. Y.]

PROTEST OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.—WHEREAS, *Obedience to law* is the only liberty possible in the nature of things, more than that being only license; and,

WHEREAS, The use of drugs for the cure of the sick can be successful only when they are administered in obedience to law; and,

WHEREAS, We believe that law to be "Similia Similibus Curantur," the sole foundation of Homœopathy; and,

WHEREAS, The American Institute of Homœopathy, at its last meeting passed the following resolution, to wit:

"Resolved, That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfil all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of action, as provided in the code of ethics of this Institute;"

And, WHEREAS, The said resolution, in our opinion, gives unbounded license to all sorts of disobedience to the law of cure; and,

WHEREAS, The said American Institute of Homœopathy is set for a pure *Materia Medica* and a knowledge of Homœopathy; Therefore,

Resolved, That we, The Central New York Homœopathic Medical Society, greatly deplore the adoption of the said resolution, as we believe it to be contrary to the principles of the said "Institute," and wholly subversive of the very object of its existence; and that we respectfully and most earnestly urge the said American Institute of Homœopathy at its earliest opportunity to rescind the said resolution and expunge it from its records.

D. W. Clausen, W. A. Hawley, E. P. Hussey, Committee on Protest,

Doubtless our C. N. Y. brethren know just how much liberty they can be safely intrusted with. If they need extra laws and a more exacting master than their own conscience to keep them from "disobedience to the law of cure," why, by all means, let them have them. Most of us need, to keep us in the straight path, only our own firm faith in the law and our confidence in its superiority. We can walk upright without artificial support, but if any brother feels weak in the knees let him wear braces if he wants to; but let him not imagine that *healthy* people have need of such things.—Eds. H. M.

New Publications.

GELSEMIUM SEMPERVIRENS. A Monograph, by the *Hughes Medical Club* of Massachusetts. Published by Otis Clapp & Son, Boston, 1883.

We desire to begin our review of this monograph with unstinted praise to the Club which has issued it, and to the publishers who have presented it in such rich attire.

We not only commend the energy of its authors, and their beneficence in making known their club-work for the benefit of the profession, but also the plans adopted for the intelligent study of *materia medica*.

These plans are a sort of compromise between the presentation of provings *seriatim*, adopted by the British Homœopathic Society, and the objectionable dismemberment of symptoms usually adopted in works on *materia medica*.

After describing the botanical relations of Gelsemium, its chemical constituents, and pharmacy, reference is made to its use in experimenting on man and on animals, and to its bibliography and sources.

Then follows a schedule of its symptoms, consisting of thirteen general headings, with various sub-headings. The general headings are Nervous System, Head, Face, Eyes, Ears, Digestive System, Urinary Organs, Genital Organs, Respiratory Organs, Circulatory Organs, Skin, Back, and Limbs, and Generalities.

Symptoms are given with as little disconnection from the context as possible, and are full enough under each division to enable the reader to determine their exact import.

Nearly every heading is followed by a commentary on its symptoms, setting forth the authors' views as to their meaning and application.

We are very partial to this grouping of symptoms, because in an experience of nine years in teaching we have found it well adapted to the needs of students. A drug considered in this manner is seen in its entirety, and not as a mass of disjointed and meaningless symptoms.

But let us look somewhat minutely into the details of this monograph.

Adopting the tenets of him to whom the book is dedicated, the authors exclude all clinical symptoms, as well as all provings, which, in their judgment, are not absolutely trustworthy. Of course the Hughes Club has an indisputable right to conduct its studies to suit its own pleasure; but, nevertheless, we must protest against this extreme rejection of clinical experience, of secondary symptoms, and of symptoms from potencies. By such rejection a drug loses in practical value, extension of usefulness, and quality of symptoms.

Look, for instance, at the "nose" symptoms in the monograph before us. For reasons best known to the club these are reduced to two. And in the commentary on them we read: "Taking into consideration only the record of provings here presented, the symptoms under 'nose' are neither sufficient nor characteristic enough to suggest by themselves any particular usefulness."

So the well-attested value of Gelsemium in catarrh must be passed by in silence, because, forsooth, such value has been determined clinically! Evidences of this sort of slight are derivable from almost every commentary in the monograph.

We have already expressed ourselves as pleased with the grouping of symptoms. We would observe, however, that, in one or two places, the arrangement is not quite accurate enough. To put symptom 402 under "heart" is a mere literalism, since "cardialgia" in reality has nothing to do with the heart.

"Temperature" is not a good substitute for chill, fever, and sweat; it leads to the recording of a *sensation* of chilliness or of heat as an alteration in temperature.

Some of the comments do not strike us as correct. Considering the frequent employment of Gelsemium in drowsiness, and even in stupor, we are not quite prepared to say, with the monograph, "sleeplessness is more characteristic of the drug than sleepiness."

After commenting somewhat at length upon the dyspnœa of Gelsemium, it is concluded that the drug may be of use for emphysema, following forcible expiratory efforts.

We fail to see the logical connection between symptoms and conclusion.

Rejecting many of the spasmodic symptoms, the authors of the monograph regard the use of Gelsemium in spasmodic contraction of the os uteri as antipathic. This shows a want of attention to that sort of rational exercise which is called "reading between the lines." If, as is admitted (see symptoms 337, 355), spasmodic dysmenorrhœa and over-resistance over the sphincter ani are effects of the drug, may not contraction of the os uteri be a genuine effect, too?

In general the language of the book is good—a quality too often wanting in our literature—though several expressions we hope to see improved in the next edition.

F.

A MANUAL OF VENEREAL DISEASES; being a Condensed Description of those Affections and their Homœopathic Treatment. By E. C. Franklin, M.D. Published by Gross & Delbridge, Chicago, 1883.

This compend of venereal diseases is offered as a summary of recent investigations and advanced views touching the various sequelæ of specific disorders. It is designed, also, to lay before the profession "the knowledge gained by the use of comparatively small doses of medicine in their treatment."

The work opens with a brief account of the history of venereal diseases; after which gonorrhœa and its complications are considered, with their medical treatment. With most of this we are in accord. The author should have added, however, that much advantage arises from the topical application of hot water during the accession of gonorrhœa and during the inflammation.

Among his "sequelæ" of gonorrhœa several diseases are considered

which are as foreign to the title of the book as they are to gonorrhœa itself; as fibrous tumor, hypospadias, epispadias, cystic sarcocele, enchondroma of the testicle, cancer, senile hypertrophy of the prostate gland, etc. It is useful to learn how to treat these affections, but they are certainly misplaced here.

The article on stricture is very good.

Believing in the dualistic theory, Dr. Franklin divides the remaining venereal diseases into chancroid and syphilis. Under the pathology of the former he says: "The germ of the chancroidal virus having been deposited upon the exposed surface, the work of local destruction begins at the moment of contact." We believe this is true, not only of chancroid, but also of gonorrhœa. The author speaks of "a period of incubation;" but, from the context, he evidently does not mean this in the ordinary acceptance of the term.

In the chapter on syphilis he says: "The virus has a lengthened period of incubation before the development of the papule." And again: "The disease, though at first manifesting local trouble, may become constitutional." There seems to be a discrepancy here. If there is a period of incubation, and the chancre is only the local lesion, then must the constitution have been affected before the chancre appears. And this agrees both with recent knowledge and Dr. Franklin's very fair table of differences between chancre and chancroid. Syphilis is always constitutional.

Quite commendable are the descriptions and detailed treatment of the various sequelæ of syphilitic infection. The whole book is useful for the busy practitioner, and is well worth even more than the price charged.

The press-work is very creditable to the publishers, as, indeed, are most of their publications.

J. E. J.

Gleanings.

LEAD IN MORBUS BRIGHTII.—Thirty per cent. of cases of plumbism admitted into the St. George's Hospital suffered from red, granular kidney. Its use as a remedy for chronic nephritis is therefore homœopathic.—*N. E. Med. Gazette*, May, 1883.

THE MICROCOCCUS OF ERYSIPELAS.—Dr. Fehleisen, of Berlin, has demonstrated a causative micrococcus of erysipelas; and to prove that its presence is not accidental, he cultivated some small excised pieces of disinfected skin on gelatine. After two months, he produced fourteen generations, with which he caused true erysipelas in eight out of nine rabbits inoculated. He also inoculated seven men with the pure and cultivated micrococci; six, after a period of incubation, varying from fifteen to sixty hours, showed typical erysipelas, running the characteristic course. As he succeeded in successfully inoculating several cases after a period of a few months, it appears that if there be an immunity against a second attack of erysipelas, it is, in most instances, only of short duration. A three-per cent. solution of carbolic acid stopped the growth of the micrococci after a contact of forty-five seconds, while the same effect was produced in fifteen seconds with a one-per cent. solution of corrosive sublimate. The bacterial origin of disease is fascinating and attractive, and unless we have a care, it

will run away with our reason, as many similar snares have in the past with some of the greatest minds. But Fehleisen's experiments are very strong, and we shall look with interest for more on the subject.—*Medical and Surgical Reporter*.

WAIFS OF PARIS.—These unfortunates have been kindly treated by M. Quentin and M. Thulié, directors of Public Charities, and their condition of complete vagabondage has undergone considerable improvement. Some are sent to learn a trade; others are taught gardening, etc., on farms; others, again, are sent to an institution where cabinet-making is taught. In the course of eighteen months, 1151 children were thus cared for. Of this number only 178 were rejected either as too vicious or as subjects of chronic disease.

TRANSMISSION OF DIPHTHERIA FROM CHILDREN TO FOWLS.—A violent outbreak of diphtheria among fowls is reported by Dr. L. Roth, of Kissingen. He attributes the disease to infection from children, the sweepings of the room, containing the poison, having been thrown into the yard.

GRANULATED MILK.—According to the *Medical Record*, granulated milk is made by subjecting milk to a temperature of 130° until the watery part has been evaporated. It is then granulated, and sugar is added, when it looks like corn-meal. The evaporated milk is not as solid as condensed milk, and when water is added, it cannot be distinguished from natural milk.

IODIDE OF POTASSIUM POISONING.—Dr. Horace R. Powell, of Poughkeepsie, N. Y., says: "Mr. C. presented himself for the treatment of a growth situated on the back to the left of spinal column, and between it and the left scapula. Not being satisfied as to the nature of the growth, I ordered application of an ointment of potassium iodide (℞i-℥ of vaseline) and internally a mixture of the drug, each dose containing about 10 grains.

"After taking the first dose in the evening of February 25th, 1883, the patient exhibited coryza, laryngitis, conjunctivitis, and much œdema of the eyelids. Naturally, he supposed he had contracted a severe cold. The following morning, after having taken another dose, the symptoms rapidly increased in severity, until the eyes were nearly swollen shut. The sense of smell was abolished, and dyspnoea was so great that respiration was with difficulty continued. I gave him tincture of Aconite in small and repeated doses, with diuretics. I also ordered mustard to the throat over the larynx and trachea, and also strong mustard paste to the plantar surfaces of the feet. I then placed him in the kitchen, where the atmosphere was charged with steam.

"He rapidly improved, and in a couple of days the symptoms of inflammation had nearly disappeared. Then, thinking I would try smaller doses of the iodide, I began with one-twelfth grain, when the symptoms reappeared, although not in such a severe form. Upon withdrawing the drug the symptoms disappeared."—*Surgical Reporter*.

THE LACTOMETER FOR DETERMINING THE VALUE OF MILK.—Gustavus Pile says, that though the analysis of milk seems quite simple, it is, nevertheless, an operation requiring considerable care. The specific gravity is at times very misleading, on account of the great difference in the gravities of its several constituents. The writer has made several experiments in order to separate, if possible, the fatty portion by means of a solvent, and thus get rid of the chief obstacle; but he was not successful. The attempt was made to dissolve the fat by the addition of chloroform. After agitation in one of the test-tubes, 5 c.c. of chloroform and 10 c.c. of milk were mixed, and not the slightest vestige of separation could be seen. Other

mixtures were tried without result. The best method is believed to be the simplest, viz.: To let the cream rise to the surface, and then draw it off,—the percentage of cream remaining in the milk being nearly uniform in proportion to the amount of the other solids. A table has been prepared from these observations, and a lactometer-scale made to correspond with it. The specific gravity of 1.0320 is taken as a standard for pure milk after being skimmed, and the amount of solid matter it contains equal to 14 per cent., including the fat held in suspension. The table ranges from sp. gr. 1.0320, per cent. solids, 14; per cent. water, 0; to sp. gr. 1.0160, per cent. solids, 7; per cent. water, 100. A lactometer made according to this scale is floated in the milk, which has been allowed to stand in a jar graduated to indicate the percentage of cream, the cream being removed by means of a pipette. A consumer or a milkman can do this with the assurance of getting reliable results. For those who buy milk in large quantities, two graduated jars, one per-cent. glass, and a lactometer are used. One of the jars is filled with milk up to a certain mark (the milk must be of known purity and drawn from several cows); this is the standard of pure milk for that day. The other jar is filled with the milk to be tested. The quantity of cream on each is noted, and if the amount is less on the sample tested than on the other, it indicates dilution or skimmed milk. The cream being removed from each, the lactometer is introduced, and if it sinks lower in the jar to be tested than in the other, it is evidence of dilution. The per-cent. glass is filled with water to the line marked 0, the lactometer is placed in the jar of pure milk and enough water from the per-cent. glass is poured in to cause the lactometer to sink to the same mark as that shown by the diluted milk. Reading off the amount of water used, the exact percentage of dilution will be seen.—*American Journal of Pharmacy.*

TYPHOID FEVER is warning the people of Paris that even their fine, large sewers are dangerous when the pipe comes up into the house without traps. In Paris the fever has become an endemic complaint, killing about a thousand persons a year, except when it assumes epidemic violence, as in 1876, when 2032 persons died of typhoid. Last year more than 3000 inhabitants fell victims to this preventable contagion, and in 1880 and 1881 there were more than 2000 deaths each year from the same cause. The question of sending all the drainage into the sewers and of improving the capacities of these occupies the public, and a Commission of French engineers, chemists and counsellors has recently been sent to London to examine into the system of that healthy metropolis. The *Pall Mall Gazette* says: "It is in severing the connection between the house and the public sewer that the success of the English system to a great extent depends, and on this phase of the subject the French are peculiarly ignorant.

"In Paris, all the vegetable and household water drains into the sewers, and there are some 17,000 *tinettes filtres*, which, while retaining solids, allow the liquids to escape into the sewers.

"The vast dimensions of some of the main sewers does not prevent their being denounced on all sides as utterly unsuited for the work to be performed. The fall is insufficient, the water supply inadequate, and an army of 800 men has to be employed to push the matter along. It is proposed to establish the pneumatic system of drainage. For this purpose the existing sewers would suffice, for here and in easily accessible positions might be laid small iron pipes, connected with various pumping stations, where, by steam-power, a vacuum is produced within the pipes. Under each house, and communicating with these pipes, would be placed an apparatus devised by M. Berlier, civil engineer. This consists first of an iron cylinder called 'the receiver,' which is filled direct from the closets. Here the matter is converted into a liquid condition by filtering through a wire-work basket, to which a rotary motion is imparted once a week by a handle turned from

the outside. From the receiver the matter travels to a second cylinder called 'the evacuator,' where, on reaching a certain height, it lifts a large floater away from the aperture at the bottom of the apparatus. The pneumatic suction from below immediately draws the liquid away. It travels rapidly along the iron pipes to the pumping station outside the town, where it can be deodorized, converted into manure, or pumped forward a distance of many miles, to be used for irrigation purposes. This system applied experimentally through the district from Levallois Perret to the Place de la Concorde, has been working satisfactorily for many months, and the thousand soldiers at the barracks of the Pépinière, which is drained in this manner, are the only troops in Paris that escaped from the recent typhoid epidemic.

"To apply this system it is proposed to impose a tax of 60f. (\$12) per house, which is less than the actual cost of emptying cesspools, etc., and would suffice for working expenses, interest on capital, etc. All the sewage of Paris would be saved for agricultural purposes, and the ingress of the most noxious of sewer gas into houses rendered impossible, as the slightest leakage in the pneumatic system is at once perceptible, and must be immediately repaired. In visiting the London sewers, the French Technical Commission will have to decide between the adoption of this comparatively new system, or the imitation of what we have done in England.

"The pneumatic system could be carried out with greater rapidity and economy, and, by reason of its automatic character, is more in harmony with the general disposition of the French people, who are always accustomed to look to the authorities for protection, and are not imbued with that spirit of individual initiative which has led so many English householders to take efficient measures to protect their homes against the injurious gases emanating from the sewers."—*Philadelphia Public Ledger*.

SMALL AND FREQUENT DOSES.—Copaiba produces and cures urticaria; Atropia, a false croup; Ipecacuanha, vomiting from great nausea, also a certain kind of diarrhoea, with nausea; Calomel causes and cures night-headaches, also vomiting and diarrhoea; Corrosive sublimate, diarrhoea, marked by acute inflammation; Tartar emetic, a discharge from the bronchi; Cantharides, acute cystitis; Castor oil, diarrhoea, with jelly-like passages. In every candid mind the question cannot help arising, are these twelve diverse drugs the only ones subject to these generalizations?—*Medical and Surgical Reporter*.

News, Etc.

THE BIOGRAPHER is a new illustrated monthly, published at No. 23 Park Row, New York. The first number contains thirty-five biographical sketches with thirty-two illustrations. We wish our new aspirant for literary recognition the success it deserves.

THE AMERICAN PSYCHOLOGICAL JOURNAL, edited by Joseph Parrish, M.D., and five associates, is a new quarterly, published by P. Blakiston, Son & Co., for the "National Association for the Protection of the Insane and Prevention of Insanity." We wish it God-speed in its good work.

AN OPENING.—AUGUSTUS E. ZEITLER, M.D., having removed from New Egypt, New Jersey, a comfortable practice is open to an enterprising, first-class homœopathist. The field extends over two towns, New Egypt and Jacobstown, on the Pemberton and Hightstown railroad.

REMOVALS, ETC.—W. M. BUTLER, M.D., formerly First Assistant physician to the State Homœopathic Asylum for the Insane, at Middletown, N.

Y., has removed to No. 393 Gates Avenue, Brooklyn, N. Y., and engaged in private practice. Success.

Dr. C. H. LAWTON, of Wilmington, Del., has changed his residence to southeast corner Delaware Avenue and Washington Street.

Dr. T. M. STRONG, formerly of Allegheny City, has removed to Ward's Island, New York City, where he has assumed the position of chief of staff to the "Ward's Island Homœopathic Hospital."

Dr. F. PFEFFERKORN (Hahn., Phila., '83) has located at Lawrence, Mass., at No. 65 Union Street.

Dr. A. P. WILLIAMSON, formerly of Ward's Island Hospital, should hereafter be addressed at Middletown, N. Y. He is now First Assistant physician to the Hospital for the Insane, at that place.

MARYLAND INSTITUTE OF HOMŒOPATHY.—The first regular meeting of the Maryland Institute of Homœopathy was held on the 9th of May, 1883, in Baltimore.

The president, Dr. Elias C. Price, called the meeting to order, and the minutes of the meetings, at which the society was organized, were read, together with the constitution.

The address of the president, which followed, gave a brief review of the past and present state of the homœopathic societies in Maryland, and was listened to with interest by those present.

Several original papers were offered and read, the most interesting being "Potencies," by Dr. George T. Shower; "The Pulse and Temperature in Pneumonia," by Dr. Elias C. Price; "Remarks on the Cumulative Action of Diphtheria Poison, and on the newly-used drug, *Convallaria*," by Dr. Eldridge C. Price; "Post-partum Hæmorrhage," by Dr. N. V. Wright; "The Diet of Nursing-Children," by Dr. J. A. Gwaltney, etc.

The discussions, which followed the reading of these papers, were both animated and instructive.

Altogether, the meeting was an unusually interesting one, and the interest is expected to increase when the autumn session shall be held, October 24th, 1883.

O. EDWARD JANNEY, M.D.

Secretary,

THE FORTIETH ANNIVERSARY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY will be held at Niagara Falls, N. Y., commencing at 10 o'clock A.M., on Tuesday, June 19th, 1883, and continuing four days. The headquarters and place of meeting will be at the International Hotel. The proprietors agree to furnish the members of the Institute, and those who may accompany them, good table-fare and good rooms at \$3.50 per day, and give to all members, and their friends stopping with them, a sumptuous banquet on Thursday evening, June 21st, at 8 o'clock, and furnish music for the same, without additional expense. Responsible parties, residing at the Falls, have given their pledge that Goat Island and all other places of interest to the tourist shall be accessible to the members at one-half the usual rates. Carriages will be furnished for excursionists for \$1.00 per hour, or \$5.00 per day. Rooms may be secured in advance, through the chairman of the local committee of arrangements, A. R. Wright, M.D., No. 166 Franklin Street, Buffalo, N. Y.

The Lake Shore and Michigan Southern Railway, and the Michigan Central Railroad will sell round-trip tickets from Chicago to Niagara Falls for \$20.40, and from local points at corresponding rates.

The Grand Trunk Railway, of Canada, will sell round-trip tickets from Detroit at a rate of a fare and a third.

The C. C. C. and I. Railway, all lines from St. Louis, and all Eastern Trunk Lines decline to make special rates for our meeting other than the

usual "Summer Tourist" rates, which are at about half-fare, being fully as low as could have been secured by special arrangement. These tickets may be procured at any prominent point on the above lines, to return by the same or some other route, as the delegate may elect at the time of purchasing his ticket.

Full particulars may be obtained at local ticket offices, or, books containing rates and full description of routes may be secured by addressing the general passenger agents of the respective lines.

Physicians desiring to avail themselves of the reduced rates over the Michigan Central Railroad, or the Lake Shore and Michigan Southern Railway, must secure a certificate, which may be procured at any homœopathic pharmacy in Chicago, or by addressing A. C. Cowperthwaite, M.D., Committee on Railroad Routes and Fares, Iowa City, Iowa.

The session will open with an address by the president, Bushrod W. James, M.D., of Philadelphia, followed by reports of various committees and the transaction of routine business. At an early hour, however, the Institute will get down to the scientific work of the session, and during the day reports will be received: 1. From the Bureau of Organization, Registration, and Statistics. 2. From the Bureau of Materia Medica on a "Model for Materia Medica," embracing papers from nearly all our best-known men in that department. 3. From the Bureau of Pharmacology on our drug preparations. 4. From the Bureau of Clinical Medicine, on "Malarial Fevers," including some eight papers on various matters relating thereto. 5. From the Bureau of Medical Education. These will furnish abundant material for a full day's work.

On Wednesday the Institute will receive further reports: 6. From the Bureau of Obstetrics, on "Complications of Gestation," some dozen papers. 7. From the Bureau of Microscopy and Histology, on "Certain Homœopathic Preparations," "Normal Cells out of Place," "Solubility of Glass," and "Bacteria." 8. From the Bureau of Ophthalmology, Otology, and Laryngology, embracing some eight papers on important subjects by some of our most prominent specialists. 9. From the Bureau of Gynecology, with eight or ten valuable papers. 10. From the Bureau of Surgery, containing sixteen papers by well-known surgeons, relating to the general subject of "Antiseptic Surgery."

On Thursday, the reports will be: 11. From the Bureau of Pædology, on the "Relationship of Cerebral Disturbances to Disorders of the Alimentary System," the report containing half a dozen papers. 12. From the Bureau of Anatomy, Physiology, and Pathology, on "The Sympathetic (Organic) Nerves," including five papers. On the same day will occur the election of officers for 1884, and the presentation of certain committee reports, and in the evening the banquet.

On Friday, there will be reports: 13. From the Bureau of Psychological Medicine, with four papers on various subjects, and a discussion on "Sleep and the Means for most Safely and Surely Inducing it in Cases of Mental Disturbance." 14. From the Bureau of Sanitary Science, on "Social Hygiene," embodied in some eight papers. This will be followed by A MEMORIAL SERVICE in honor of deceased members, after which will come unfinished and new business, and adjournment. Physicians who have not received the secretary's circular should write to him for a copy. Address Dr. J. C. Burgher, No. 332 Penn Avenue, Pittsburgh, Pa.

MARRIED.—March 29th, ELEANOR EMILY, daughter of DR. J. F. GEARY, to CAPTAIN WILLIAM G. PEARNE, at Oakland, California.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

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Original Department.

A PROVING OF NITRATE OF SILVER.

BY E. P. BREWER, M.D., PH.D., NORWICH, CONN.

THE following proving was inadvertently made for the prescriber, without any suspicion on the part of the prover that he was serving in so important a capacity. It possesses, I believe, some value, not only because the symptoms were obtained from a very intelligent young man, but also because the prover himself is a skeptic in regard to the activity of infinitesimals. Again, all other provings of silver from minute doses have been made by individuals whose every sense was tuned to a high degree of susceptibility, and therefore are justly open to skeptical interrogation; for, it is too painfully apparent that there is much in the materia medica which is the result of active imaginations.

In the case of silver, the provings are mostly from toxic doses, and so frequently verified that their import is certain; in consequence of this, it is highly gratifying to find infinitesimals inducing in an unsuspecting prover, phenomena which strictly accord with toxic effects, and even expand and extend the latter.

The prover is a young man, aged 21, a prescription clerk in an old-school pharmacy. He does not possess the remotest knowledge of the pathogenesis of nitrate of silver. He is in good general health, and is free from constitutional dyscrasie. He sought my advice for a catarrhal condition of the mucous membranes, for which I recommended silver. His malady and its subsequent changes I will expunge from the proving.

In consideration of the vocation and prejudices of my pa-

tient, I directed him to rub up one grain (gr. i.) of nitrate of silver with four drachms (5iv.) of *saccharum lactis*, and to take one grain of the trituration twice daily. Misapprehending my directions, he took twice a day for three days one grain of the nitrate of silver.

On the second day as he awoke from sleep, he felt tired and apathetic in mind and body, but, believing he might have taken a slight cold, continued the silver as before.

The morning of the third day found him feeling so badly that he again visited me. The whole head felt heavy and full, but the frontal sinus was the focus of greatest intensity. The operations of the mind were sluggish, so that continued thought required special effort; yet when the mind was so exerted, the bad feelings in the head were in no respect enhanced. He stated that the compounding of a prescription was peculiarly irksome at this time, as his mind would aimlessly wander from one subject to another unless he exercised constant effort. In the mouth was a disagreeable metallic taste. The tongue was red and clean. The throat congested, especially at the posterior, and felt hot and burning.

Deglutition was unaffected. The tonsils were of normal size and appearance. The abdomen below the umbilicus felt distended, or as if there was a weight upon it. This sensation temporarily abated when flatus was passed, the flatus being discharged without pain and without effort.

The bowels, which for weeks had been regularly moving once a day, now moved more frequently, there being two stools on the second day, and four on the third day. The stools consisted of a greenish semi-solid mass, made up of lumps of undigested food and mucus passed with some flatus. The prover was quite sure that their odor was very peculiar, but he could not describe it. Defecation was free from tenesmus, or burning, or any other abnormal sensation.

On the anterior wall of the rectum, about an inch above the sphincter, was a hot burning spot, unaffected by stool. Dragging and weight in the hypogastrium, which at times amounted to actual burning pain. Micturition temporarily palliated the distress, hence the prover urinated frequently, yet the urine could be easily retained without appreciably affecting the distress. The urethra from meatus to bladder felt hot and burning, but at the meatus and below the scrotum were foci of greatest intensity. The lower extremities, especially the legs, were fatigued, and seemed too weak to support the body. At times they felt as if they would suddenly fail him.

When he had described these symptoms, I at once recognized the action of nitrate of silver, and on inquiring soon learned of the dose he had taken. I accordingly ordered its discontinuance.

I considered it desirable that the prover should again take silver, but in the dose originally recommended, gr. $\frac{1}{40}$, thrice daily.

Five days later, on rising in the morning, he was weary and oppressed in body and mind. His ambition seemed to have fled. Even trivial duties were burdensome. He only desired to sit and think. About noon small running chills developed along the spine and followed each other in rapid succession; meantime the face and extremities became flushed and hot. Toward six o'clock the chills ceased, and intense sleepiness set in. He felt that he could not keep awake; notwithstanding, on retiring he remained awake thinking,—the thinking, when yielded to, absorbed the desire to sleep. By ten o'clock (P.M.) he had become so engrossed in thought that restlessness and real wakefulness followed. This continued until about midnight, when he went to sleep. The sleep was disturbed by monstrous dreams. The condition of the mind in sleep seemed but an extension of its state in waking hours, for the patient stated that all through the day he was disinclined to talk, but took a morbid delight in building air-castles. The head felt dull and full.

There was no visceral tenesmus or burning. The bowels were unaffected, except that they felt oppressed along the lower half of the abdomen; some flatus was passed.

The prover, recognizing the effects as similar to those of the previous attack, stopped the silver, and reported the symptoms as recorded. The symptoms at once decreased in intensity, and in two days had disappeared. Four or five days later the doses were renewed.

On waking in the morning of the third day, the head felt full and confused. It ached all over, but with increased force at the left frontal eminence, the temples, and in the occiput. He described the pain as a heavy, aching pain. At indefinite periods the occipital pain would cease, and the pain in the temples increase. The pain in the left frontal eminence remained constant and unvarying. The head felt enlarged and weighty; occasionally slight vertigo suddenly appeared and ceased. Some relief was afforded to the pain by tightly binding or pressing the head; cold air also palliated.

The eyes were sensitive to light, and smarted and burned

after long use. The lachrymal secretion was somewhat increased.

The face was pale.

There was a peculiar, fetid, metallic taste in the mouth. The tongue was coated at the base with a yellow fur, and felt dry to the prover, though to touch and sight it was moist.

During sleep, drooling. Slight thirst.

Congestion of the throat, with a slight burning soreness on the right side. No dysphagia.

Slight flatulent distension of the lower half of the abdomen. It felt greatly distended and oppressed. Emissions of flatus temporarily relieved the heaviness. Stool normal.

The urinary organs were markedly affected. In the urethra, during and after micturition, there was an intense burning, at times amounting to a stabbing pain; there was also a sore and swollen feeling. At irregular intervals the cremaster muscle would contract spasmodically and draw the testicle high up into the scrotum. With this spasm a drawing pain extended into the testes. Independent of the cremasteric spasm (although sometimes associated with it) was a pain in the testes and scrotum, as from pins and needles; worse in the right side.

The lower extremities, and especially the legs, were weak and tired as after prolonged exercise, yet the amount of exercise taken had not been unusual. A short walk exhausted. He said he felt as though he had experienced a long illness. In the afternoon and evening the feet were cold. In the lower lumbar and sacral regions, the same lassitude was felt as in the gastrocnemii.

About noon small chills developed along the spine, and with them a sensation of heat and increased lethargy. The hands and feet were not cold, but rather hot, as also was the head. The chills appeared in the upper part of the spine, close to the occiput, and extended downward to the extreme end of the coccyx, but did not radiate from the spine. Warmth dissipated them for a time. Neither motion nor open air affected them. About 5 o'clock P.M. the chills subsided; no sweat followed, but profound sleepiness set in,—a sleepiness so intense that the prover retired three hours earlier than was his custom. He did not fall asleep, however, but lay enchanted by a vivid imagination.

This Elysian state lasted until nearly ten o'clock, and then slowly faded away. Then the prover became restless,—the bed felt burning hot, the legs and back ached, and the brain seemed too large for the skull. With these feelings he tossed

about until near midnight before sleep came. Before falling asleep, he noticed that the palms of the hands, the lower part of the abdomen, and the inner sides of the thighs were bathed with perspiration.

Fourth Day.—The medicine is discontinued. All symptoms as yesterday. The sleep is disturbed by bad dreams.

Fifth Day.—A burning spot is noticed in the fore part of the rectum, about an inch above the sphincter, and is aggravated by urinating. Micturition is more frequent, and the hypogastric distress is increased. The headache has become intolerable. Administered one drop of *Tr. Actea racem.*, and repeated it in two hours. This removed the headache. Has lascivious dreams during sleep.

Sixth Day.—The headache is gone; the legs are less weary, but the lumbo-sacral lassitude persists. The chill appears regularly at 12 M. and ends about 5 P.M., without sweating. Dreamed of snakes last night. The rectal burning is very annoying.

Seventh Day.—No changes from yesterday's condition. Stools normal. Abdomen still distended and oppressed.

Eighth Day.—Same as yesterday. Chill as usual.

Ninth Day.—The rectal burning became so distressing that I prescribed *Ac. Nitricum 1^x*, gtts v., every four hours.

Tenth Day.—Rectum still oppressed. Chill as yesterday.

Eleventh Day.—The weakness in the sacrum and legs is much less, and the chill did not appear.

Fourteenth Day.—Medicine was discontinued. The rectal burning is nearly gone.

Twenty-second Day.—The burning spot in the rectum is occasionally felt, especially at night, but is not distressing.

Twenty-fifth Day.—The prover is perfectly well again.

In reviewing this proving I was astonished at its close resemblance to certain spinal affections, and particularly to the invasion of locomotor ataxia. The initial phenomena of that disease are precisely those of the effects of silver; their time of development, exacerbation and relation to the subsequent symptoms are nearly the same. To exemplify their great coincidence, I will quote from Rosenthal: "The motor disturbances," he says, "usually appear at an early period. The patients experience a distressing sense of tension in the limbs, the knees bend under from time to time, and they soon complain of fatigue when walking. This feeling of prostration often inconveniences the patient to a marked extent when rising from bed." Hence there is perfect harmony between

the proving and the disease, in motor disturbances and in the time of exacerbation. Pursuing the comparison a step further, we find that the centres of greatest muscular uneasiness in the prover, namely, the lumbar, sacral, and post-tibial regions, are the localities in which the ataxia is most manifest.

Passing to the recto-vesical sphere, we have so much in common, that the one is a picture of the other. In locomotor ataxia, "the neck of the bladder and the urethra present intense hyperæsthesia, often attended with vesical tenesmus, pain during micturition, and violent periodic pains in the urethra. In rare cases the pains radiate into the spermatic cord, the testicles, and the lower limbs. Some patients complain of a sensation of burning, compression, or lancinating pains in the rectum."

The rectal burning in the prover was the most persistent symptom, lasting about seventeen days. It is highly probable, I think, that this burning has no pathogenetic relation to the rectum, but is referred to it by a contiguous organ, namely, the prostate gland. I am led to this conclusion by the fact that defection was performed without inducing a noticeable change in the burning spot, while micturition markedly augmented it. Again, the location of the burning spot is identical with the site of the prostate.

The sensory disturbances resembling locomotor ataxia are also distinct and numerous. The similarity to the shooting neuralgia is fairly defined in the darting pains in the spermatic cord and testes, and the pin-and-needle sensation in the scrotum. The lumbar and sacral pain and tension also belong to this category.

Although dull aching head and sensitive vision are not common symptoms in locomotor ataxia, yet they are not rarely encountered. Nor is a morbid imagination uncommon. The foci of pain in the head might, not improperly, be advanced as evidence of the neuralgic nature of the headache.

I doubt if there is extant a drug-action so closely counterfeiting the common symptoms of ataxia as that of this drug. Personally I am astonished at the similarity, and also no less impressed when I remember that wayward empiricism has fortuitously elicited its virtues in this disease. By what magic was Wunderlich directed when he administered silver in locomotor ataxia? (for to him belongs the honor of its first use in that disease). Yet, by his empiricism he opened a way to health that was hitherto unknown. His results were brilliant. Then followed its indiscriminate application in all cases; but,

notwithstanding, the results were so satisfactory that its usefulness has been extolled by Charcot, Vulpian, Vidal, Herchell, Klinger, Moreau, Duguet, Cruveilhier, Constatt, Friedreich, and others. Dr. A. Stillé, after interrogating the accuracy of the diagnosis in the cases cured, admits that nitrate of silver rescued them from a "most deplorable state of muscular debility," and recommends its employment "whenever the peculiar muscular condition referred to exists."

As the value of the drug in this capacity would appear to depend upon its homœopathicity, a very careful analysis of cases is needed. Plainly, as Rosenthal declares, the condition of the motor system is the prime feature to demand the administration of silver. I believe that period in which silver is of curative value is very early in the malady, perhaps before there is a decided change in the gait, or decided difficulty in walking. Possibly the "deplorable state of muscular debility," ushering in this affection, is its only period of usefulness; for we know that the muscular system was the earliest influenced in the prover, and in duration of influence stands only second to the prostatic irritation, therefore I believe that in the muscular system we find the keynote of the pathogenesis.

Another feature of the proving, of at least equal value, is the unique chills. For eight days the chills recurred at nearly 12 M., and continued for four or five hours.

The striking likeness between the chills and those produced by nitric acid may arise from the acid in the nitrate of silver.

In conclusion I desire to call attention to the aggravations and ameliorations. The mental and head symptoms were worse at night; the general symptoms in the morning.

Warmth temporarily relieved the chills; open air lessened the headache; and passing flatus relieved the bowels.

HOW SHALL WE FEED A CHILD WHEN IN A STATE OF INANITION?

BY T. C. HUNTER, M.D., WABASH, IND.

(Read at the Seventeenth Annual Session of the Indiana Institute of Homœopathy, May 9th, 1883.)

It is perhaps safe to say that the immediate cause of want of nutrition is failure of the digestive organs. The child is hungry, eats ravenously and more than enough to supply nature's wants, but it does not digest or assimilate its food. It is not necessary to describe the symptoms of inanition to this society. Let us suppose we have a healthy, well-developed child. After

awhile it begins to be fretful, has colic, and passes green stools mixed with white, curdled matter. Here is a case in which the "scientific regular" and his lazy homœopathic imitator administer "something to quiet the nerves," "to procure sleep," and "to check diarrhœa." This is very *scientific*, and is also very apt to result in a long bill from the doctor, followed by one from his successor, the undertaker.

The strict homœopath prescribes carefully for the symptoms. The child is benefited, but not cured. Both have failed in their highest usefulness because they have not discovered the cause and removed it. What is the cause? In the great majority of cases it is the use of unsuitable food. If the child is nursing you will need to turn your attention to the mother. What are her habits? What does she eat? Is her digestion good? What is the quality of her milk? You will pretty surely find something wrong. Rectify it if possible; if not possible advise weaning. What will you substitute for the mother's milk? Cow's milk is the next best food that presents itself. Next comes the selection of the cow. The milk of only one cow should be used. The calf must not be older than the child. The cow should be healthy and not too old. The regimen of the cow should be inquired into. If she is in pasture ascertain whether she has access to any noxious weeds or stagnant, impure water. If she is kept in the barn see that her food is of the proper quality to produce healthy milk. Next inquire into the care that is taken of the milk pail and the vessels in which the milk is stored. These latter should be earthen or porcelain; tin should never be used. See that the cellar in which the milk is kept is clean and well ventilated, as milk very readily absorbs impurities from the air. In warm weather milk is best kept in a trough of cold water or in an ice-chest. After the milk has stood two hours take off the upper one-third for the use of the child, as that contains more fat and less casein. Then comes the question, how much water shall be mixed with it? and here, if you consult the authorities, you will be left in the fog. Human milk sometimes contains more and sometimes less water and sugar than cow's milk, and always less casein and butter.

On page 96 of Duncan's work on *The Feeding and Management of Infants and Children* is given a table of the different constituents of human milk as compared with that of several animals. This table places the amount of water in the former at 890 parts in 1000, and in cow's milk at 860 parts,

making a difference of 30 parts in 1000, or 3 per cent. (Duncan claims that the difference is more than 27 per cent., and refers to this table for proof. Either he is wrong in his arithmetic or I am.) According to this table we should add 3 per cent. of pure water to cow's milk to make it correspond to woman's. Yet there is a great difference among authors on this subject.

Drs. Ruddock, Smith, and Moore advise equal parts of milk and water; Professor Steiner one-third or one-fourth of water; Dr. Seibert believes that little or no water should be used; Dr. Duncan directs that to one part of the upper third be added two or even three parts of warm water or barley-water. Now, after reading all this, you don't know as much as you did before. Common-sense says that if you want to make cow's milk contain the same amount of water as human you must add just what it lacks, *i. e.*, 3 per cent. Sugar of milk should be added to make up the deficiency in that article, which is somewhat less than 2 per cent. Cane sugar should not be used at all.

After the milk has been prepared the nursing-bottle requires our attention. It must be kept perfectly clean; there must not be the most remote suspicion of sour milk or other impurity. It must be thoroughly washed every time it is used. It will not do to give the child a full bottle of milk at night, and leave it in bed with him. It must be prepared fresh whenever needed. This is no light task. It is always a difficult task to raise a bottle-fed baby, and a life may depend upon the faithfulness with which the above principles are carried out. If the child dies there is always a suspicion of ignorance or negligence.

After we have done all this carefully it remains to be seen whether the milk agrees, as one child will thrive on milk that will be surely fatal to another.

On July 2d, 1880, my daughter was delivered of a healthy, well-developed child, weighing nine and one-half pounds. All went well for ten or twelve days, when, owing to sudden and severe illness of the mother, it became necessary to wean the child. Milk was procured from a suitable cow and properly prepared. The child soon began to fail, and the usual symptoms of such cases presented themselves. Medicines were faithfully tried, but without permanent good results. Another cow was tried, with the same result. Then a young Jersey cow from the country was obtained, and kept in the stable, and fed on the best food obtainable. A neighbor's child re-

ceived milk from this cow and thrived finely, while my little patient continued to display that wistful look which so quickly excites our sympathies. It seemed to plead for the relief I was not able to give. I thought that milk was perfect, and would not give it up for a long time. I tried nearly all the formulæ of food known to the profession in Wabash, and also several patent preparations, as Anglo-Swiss, condensed milk, etc. Most of the physicians in the place were consulted and kindly gave me the best advice they could. Tonics, opiates, etc., were also recommended, but were declined with thanks.

On the day the child was four months old it weighed just one pound less than when born. I then called in the venerable Dr. James Ford, a practitioner of fifty years' experience, who said that he had only one suggestion to make. I must go home with him and get some milk from his cow. I did so that evening; procured some of the milk and gave it to the child. She took it with great satisfaction, and soon went to sleep, and had a better night's rest than she had had in many weeks. The next morning she looked like a different child. I continued using the milk for one week, during which time she gained one pound in weight. I then sought for a permanent supply, and was fortunate enough to find another cow that I thought would suit, and whose owner was anxious to dispose of surplus milk. Fortunately that too suited the child, who continued to gain one pound a week until she became a healthy, happy baby. No medicine was given or needed after the right milk was found.

In February, 1882, I had a somewhat similar case. A child five months old, that had been under "regular" treatment all its life, was in much the same condition as the one just described. I suggested to the mother that it would be well to try another cow, and to continue changing cows until the right one was found. The child, in addition to inanition, suffered from eczema. I treated the eczema according to the law of similars, and the child's skin was cured in a short time. The milk cured the inanition, and it is now a healthy child. The parents gratefully gave me the credit of saving the child's life, paid the bill cheerfully, and then went back to "regular" medicine.

The pathology of the inanition of infants is, I believe, as follows: The child, previously healthy, receives some food that it is not able to digest; the glands and mucous membrane of the stomach are irritated and congested; an excess of the acid secretions of the stomach are mixed with the food; the

sour chyme passes into the duodenum in such a state of acidity that the alkaline bile and pancreatic fluid are not able to neutralize it, and so it descends into the small intestines. The assimilative glands and absorbents are unable to use the sour chyle, and the whole canal becomes irritated and congested, and a green, slimy diarrhœa follows, with colic. This process is repeated from day to day until inanition ensues. The remedy *par excellence* for this is FOOD, and nothing else will answer. A child that is well cared for and fed on food that it can easily digest and assimilate is never troubled with inanition, but passes through dentition without trouble, unprofitable to the medical profession.

REPETITION OF THE DOSE.

BY C. F. ELLIS, M.D., LIGONIER, IND.

(Read at the Seventeenth Annual Session of the Indiana Institute of Homœopathy, at Indianapolis, Ind., May 19th, 1883.)

MR. PRESIDENT AND MEMBERS OF THE INSTITUTE: Probably no more important or vital part of the homœopathic treatment of disease will be touched upon during this convention than the one now before you, viz., "Repetition of Doses."

It is not that I consider myself especially fitted for the subject that I venture so boldly to travel this much-neglected territory, but more to awaken a spirit of investigation into a subject which is only second in importance to the selection of the proper remedy.

That the question is a cardinal one, which should be thoroughly understood by every homœopathic physician who wishes to attain the highest standard of success, I am certain no one will deny. But, how diversely physicians administer the same remedy in the same disease, is attested by the literature of our school.

In a simple fever, for which Aconite is appropriate, we find physicians repeating the remedy every fifteen minutes, half hour, hour, and so on, or giving but a single dose. In diphtheria, and other acute and rapidly fatal maladies, we observe the same condition of affairs.

This diversity applies with equal force to chronic diseases, and, in fact, to every affliction to which the human body is heir.

This surely does not arise from ignorance of the teachings of the most advanced minds of our school, nor from a lack of desire to obtain the greatest measure of success, but comes to us, I think, as a heritage from the old school.

So completely tinctured with materialism have become the minds of physicians and of the laity, during the last few decades, that quantity readily assumes the place of quality, and frequent repetition quite naturally follows the immense anxiety we feel for our patients.

We all know how apt we are to repeat the remedy when confronted with a dangerous malady, especially if the patient be a near and dear friend. Each member here to-day can easily recall to mind times when such frequent repetition has been ordered in defiance of his better judgment. Coming as this problem does daily into our business, it seems to me almost phenomenal that its solution has not been more general, and that the homœopathic profession are not more unanimous in their opinion of it. It seems strange to me that our colleges are almost silent upon this important point, and that they send out their graduates with the belief that the question of repetition is only a matter of individual opinion.

There are two ways in which we may solve this problem to our entire satisfaction: 1st. By cautiously-directed experiments on the sick; and 2d, which is only the carefully-recorded results of the first, a thorough perusal and examination of the practice of such men as Hahnemann, Jahr, Hering, Lippe, Dunham, and many others. No one familiar with their lives, their sacrifices, and their writings, can doubt the honesty of their observations.

Let us see what the master taught. Hahnemann says, in a note speaking of injudicious treatment: "*Since experience proves that a dose of a specific homœopathic medicine can scarcely be prepared too small to produce a distinct improvement in a disease to which it is adapted, it would be contrary to our purpose, and hurtful to the patient, to repeat the same medicine, or to increase the dose in the absence of an improvement, or whenever an aggravation, however slight, should make its appearance.*"

Again, he says: "Nevertheless, the immediate repetition of the dose of one and the same remedy has been much abused lately. The young homœopathic physician finds it convenient to resort to this repetition, especially when the remedy has produced some good effect in the beginning. He imagines to hasten the cure by this repetition. It is the practice with many homœopathic physicians to furnish the patient with several doses of the same remedy, advising him to take them at certain intervals, according to his discretion. This is empiricism. The homœopathic physician ought to examine the symp-

toms every time he prescribes, otherwise he cannot know whether the same remedy is indicated a second time, or whether a medicine is at all appropriate." In another place he remarks: "Perceptible and continued progress of improvement in an acute or chronic disease is a condition which, as long as it lasts, *invariably counterindicates* the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching perfection. Under these circumstances, every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery."

Our most reliable authors, whose writings have upon their pages the stamp of genuine personal experiment and investigation, almost unanimously urge the discontinuance of all medicine as soon as improvement is apparent; and, as improvement will nearly always follow the first dose, if the remedy is properly chosen, a second dose is rarely necessary, at least for many hours. So teach such men as Bell, Guernsey, Boeninghausen, Dunham, Lippe, Hering, and many others of vast experience. Then why should each for himself travel over that difficult road of clinical experiment, when honest, earnest, faithful men give us a precious heritage in the results of their life-long work?

No doubt all of you are familiar with the views of the men mentioned above concerning this question.

Dr. Dunham spoke most emphatically in the following words: "We recognize *but one rule* touching the repetition of the dose. It was laid down by Hahnemann, and is as follows: Do not repeat the dose of the remedy given until the effects of the previous dose shall have ceased to be evident. Our most grievous failures have come from a violation of this rule. Our most brilliant and complete successes have coincided with a strict observance of it."

Dr. A. Lippe says: "The great point in the treatment of these *grave diseases* is, to my mind, to give the single dose and wait. Many a case have I seen end fatally when the proper remedy was promptly selected first, but had been frequently repeated, aggravating the disease beyond all hope of recovery."

Dr. Gregg, speaking of diphtheria, says: "In this way are often wrought the most *rapid, the most beautiful*, and the most *brilliant cures* that it is possible to conceive of in so grave a disease." Similar evidence could be quoted till the valuable time of this Institute is entirely consumed.

Clinical cases could be cited, almost without end, to illustrate the certainty, safety, and beauty of allowing the single dose to complete its action before repeating.

The quickest cures, the happiest cures, and the most enduring cures, of my brief experience, have been effected in this way; and, gentlemen, when the results of one's own experiments tally with those of the master's, wouldn't we be working with our backs to the light in ignoring his teachings, merely because we cannot comprehend "the reason why"? When educated and discriminating minds, strengthened and sharpened by long years of busy toil, bequeath to us their golden grains of wisdom, are we doing well to cast them back?

Gentlemen of the Society, in the torch-races of ancient Greece, the participants ran with lighted torches, each striving to preserve the flame alive and to hand his torch unextinguished to his successor. If the light went out in his hands he was dishonored.

We have received from the generation of the pupils and successors of Hahnemann the blazing torch which the Prometheus of our system lighted at the altar of Eternal Truth; our honor depends upon the care with which we cherish it, and the state in which we, in turn, transmit it to those who shall follow us.

ON THE ACTION OF CONVALLARIA.

BY E. M. HALE, M.D.

(Read at the Seventeenth Annual Session of the Indiana Institute of Homœopathy, May 9th, 1883.)

REGRETTING that I cannot be present at the Seventeenth Annual Session of the Indiana Institute of Homœopathy, I beg leave to present the following brief paper relating to the action of *Convallaria*, the new cardiac remedy:

Presuming that the homœopathic profession have already read the current literature concerning the therapeutic value of the Lily of the Valley, I purpose showing that it has other powers than those directly connected with its action on the heart. We have learned that when given in small doses (5 to 10 drops of the tincture), it acts as nearly all cardiac stimulants do; namely, it causes primarily a quickening of the pulse, with increase of the intra-arterial blood pressure. The next effect is to *slow* the pulse, while the blood pressure still increases. Now, if the dose is greatly increased, the heart contracts with such force that the ventricles become empty, and a titanic rigidity obtains, which may result in death. If, however, the

dose has not been a fatal one, the overexcited heart becomes paretic, and while the blood pressure diminishes, the inhibitory nerves are affected in such a manner as to cause an irregular and intermitting pulse.

Until now we have had no provings of *Convallaria*; but from some advance sheets of the *North American Journal of Homoeopathy*, kindly sent me by Dr. Lilienthal, I see that it has been proved by Dr. I. J. Lane and others. He made it the subject of a thesis. In these provings are found the following symptoms:

"*Heart's action very weak*; pulse very weak and compressible; dirotic pulse; heart-sounds feeble; anæmic murmur heard over jugular veins; *pulse imperceptible when the hand is extended over the head*; sensation as if the heart had been palpitating; when exercising heart would flutter about for a minute, then the face would get red, and then there was a sensation as if the heart stopped beating, starting again very suddenly, causing a faint feeling. *Pulse full, compressible and intermitting.*"

The above are all secondary or paretic symptoms induced by massive doses of the drug. The primary symptoms were either unnoticed or were placed in abeyance by the large doses taken—a not uncommon occurrence in heroic provings.

Therapeutically we have in *Convallaria* an undoubted rival of *Digitalis*. Already the clinical experience of both schools of medicine shows that it will strengthen a weak heart and quiet a paretic heart when no organic disease is present.

As illustrating the action of the drug in organic disease, I give the two following cases:

CASE I. Mrs. M., aged 48; mitral regurgitation. Has had palpitation for several months; shortness of breath and orthopnoea for a month. Cough and expectoration of frothy mucus. Oedema of feet and legs. Urine scanty. Has frequent attacks of vertigo. Had rheumatism several times. Pulse weak and irregular. Heart's action diffuse, rapid, very irregular. One radial pulse to two or three heart-beats. Systolic murmur at the apex. Cannot sleep lying down.

Convallaria, tinc., 10 drops, every three hours.

Without detailing the daily record of this case, it will do to say that in a few days the dyspnoea decreased so that the patient could sleep lying down in bed, the oedema decreased, the pulse became regular, slow, and almost normal, and in a week she went about her usual business as a laundress. I expect she will return for treatment, for no remedy can remove the structural trouble.

CASE II. Mr. R., a delicate, sickly man, suffering mentally from troubles in business. Heart's action feeble, irregular; pulse small, soft and irregular. No oedema, or scantiness of urine. The stethoscope revealed no organic disease, except the symptoms of commencing dilatation. There was a good deal of dyspnoea and palpitation on sudden or violent exertion, or on being startled.

Convallaria, 1st dil., 10 drops, every three hours, with a good diet and claret wine with the meals.

Under this treatment, decided improvement set in, and in a week he was so much better that he was ordered to take but three doses a day. He reports that he needs no more medicine after three weeks.

Not long ago a lady applied to me for something to relieve a distressing shortness of breath when going up stairs, or walking in the street. There was no palpitation or irregular pulse. As an experiment I prescribed *Convallaria*, 3 drops of the tinc., every four hours. The effect was very gratifying to her and to myself. This incident led me to think that the drug may have some stimulating effect on the vagus, such as we get from Coca.

I tried it in a case of obstinate asthma from emphysema, and it gave considerable relief, but not as much as naphthaline.

I lately came across some cases reported in the *Medical Record*. The reporter believes that *Convallaria* is a vaso-motor stimulant.

The following cases will illustrate the action of *Convallaria* above alluded to:

CASE I. "Five weeks ago he was called to see a gentleman who was in a very feeble condition, but the only evidence of disease which he was able to detect, was a general failure of nerve power, and loss of appetite and strength. Any exercise caused shortness of breath, and at times he suffered from a sense of suffocation, with palpitation, and a feeling of terror. When an exacerbation came on, the patient was ashy white, very restless, anxious and alarmed, and there was coldness of the extremities. Careful examination, made not only by himself, but by several eminent physicians in cities through which the patient had been travelling, failed to discover either cardiac, pulmonary or renal disease. The patient had profound mental depression on account of a family affliction. It was noticeable, however, that during the periods of his greatest distress there was no marked feebleness of the pulse. Six

drops of *Convallaria* were prescribed to be taken every three hours. On the evening of the same day, six or eight hours having elapsed, the patient expressed himself as feeling very much better, and on the following day as being in the most comfortable condition he had been in for two months."

CASE II. "A widow had an attack of bronchitis accompanied by very violent and persistent cough. Nervous prostration was very great, attended by apprehension, inability to get her breath, palpitation, etc., *but there was no marked weakness of the cardiac impulse.* *Convallaria* was prescribed, and the benefit which followed was even more marked than that shown in the first case."

This new remedy is worthy our careful investigation, and I trust the members of the Institute will join me in testing it in practice.

Miscellaneous Contributions.

THE ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

REPORTED BY THE GENERAL EDITOR.

THE thirty-fifth annual session (fortieth anniversary) of the American Institute of Homœopathy, was held in the parlor of the International Hotel, Niagara Falls, New York, June 19th to 22d, inclusive. The members and delegates were unusually early in arriving, quite a large number being present at the preliminary social gathering on Monday evening, June 18th. Considerably more than the ordinary proportion of ladies, the wives, sisters and daughters of members, were also present to grace the occasion. A graceful and most thoughtful compliment was paid to the Institute by Dr. A. C. Hoxie, of Buffalo, N. Y., at the preliminary social, expressed in the form of a handsome floral tribute, representing an arch resting upon a base of flowers and surmounted by a harp. It was universally admired and heartily appreciated.

FIRST DAY—*Morning Session.*—The Institute was called to order at 10 o'clock by the President, Bushrod W. James, M.D., of Philadelphia, Pa., and the proceedings were opened with prayer by Rev. Dr. Rosenmiller, of Niagara Falls.

The President then delivered the following—

ANNUAL ADDRESS.

LADIES AND GENTLEMEN, MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: A grateful heart swells with emotion at this hour, and reciprocates in its feelings the highest honor, that the largest and oldest national organization of our school of medicine can confer, as this feeble tongue utters its words of unmeasured thankfulness to you, its membership. It is my duty in now addressing you to follow the standing resolution of the society, adopted in 1878, viz.: "He shall deliver an address at the opening of each session on the progress of homœopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action on during the session." I must therefore forego all comment upon the glorious work that our system has accomplished in the way of medical reform, since Hahnemann issued his *Organon of Medicine* in 1810, up to the time of the last session of this body, and not even allude to the wonderful spread of our literature, the increase in the number of our colleges and our societies, or the long list of eleemosynary institutions that have been constantly coming under the control of members of our branch of the medical profession, nor am I to refer to the vast amount of good and noble work that this one society has done in the distant past; for your Bureau of Organization, Registration, and Statistics will shortly give a summary of these matters. The intervening year alone, then, will engage our attention for a few moments.

In offering these remarks it has been deemed proper to consider these three questions: First. What have we to unfold in the annual budget, and what to suggest? Second. What is our present status before the world, and what our prospective future as a school of reform and progress? Third. What are our duties to-day, in the light of passing events?

As a sign of the progress of the year in the literature of our school, there has been issued, independent of the quarterly, monthly and weekly medical journals, a total of thirty-one publications, two English and twenty-nine American—seventeen of the latter being Western and twelve Eastern works. There have lately been introduced three new homœopathic periodicals, one in India, one in Uruguay, one in this country. Quite a number of new remedies have been considered, and under constant proving during the year, while some of the older ones have been undergoing re-proving. Others are in the hands of investigators, who have their "provers" at work, and as you know it is an arduous task to sum up, collect and

verify the symptoms received from the hands of several provers, especially where all the symptoms that have been experienced during the proving have to be accurately noted down; some of these provings and remedies therefore will not be received for one or more years to come, and this will be the case likewise with the researches of our microscopists and our pharmaceutical observers. I look to the West and the East and the South, and I find the capacities of our hospitals and colleges increasing, the standard of medical education being annually elevated, the list of matriculates and graduates lengthening, a greater tendency to clinical teaching in all of our institutions, a larger number of old-school asylums and other such strongholds yielding to appointments of homœopathic practitioners, and more than ever have we been complimented in various other ways by legislative enactments, appointments upon State and local boards of health, and even by preferment in political elections in various parts of the country.

A most noteworthy event is the initiative taken in the formation of Women's Medical Societies. The Chicago Woman's Homœopathic Medical Society has been instituted, and holds monthly meetings, and has identified itself with the movement favoring the co-education of male and female students in our medical schools. It likewise disapproves of methods looking towards the separate or exclusive education of women, and recommends to all its members the necessity of influencing their students toward such colleges as are permanently and distinctly open to both men and women. The plan, as far as I can discover, seems to have worked satisfactorily in Boston and Chicago, although in some cities the exclusive plan seems to be favored by the majority. In Cleveland and New York, homœopathic colleges for the medical education of women exclusively are in successful operation. In Philadelphia an effort is being made to found a Woman's Homœopathic Hospital, a movement which should certainly meet with success, and to which our generous laity should give their strong support. It has been thought best to adopt the separate system in this instance, the flourishing condition of an old-school medical hospital and college which follows this plan in the same city being an example for its success. I remember the day when female physicians knocked ardently and persistently at the doors of this Institute for admission, and although the rapping of scores of men was constantly being heard and answered, the timid signals of the medical sisterhood were smothered and a deaf, dull ear was turned thereto. When

the doors were annually opened they were still kept far in the background and pushed away, though within hearing of the jollity of their successful male rivals. To-day I have the privilege and good fortune of greeting our lady members by the score; and the good work of conceding equal rights to all who are worthy, is bearing rich and ripe fruits for the present and the future.

There are some questions of deep interest to every physician, to whatever school he may adhere, subjects which have a universal medical importance. Lessons are to be learned from these, not only by the observers engaged in the work of investigation, but by every student—for every medical man should be a life-long student. I refer, for example, to the researches of Koch, Pasteur, Ehrlich and others in regard to the bacilli of consumption and other diseases; to the investigations of Formad and Wood, upon the producing germs and causes of diphtheria; to the claims of Norris, of London, in regard to the discovery of a third corpuscle in the blood, which he takes to be identical with the hæmatoblasts of Hayem and the small blood plates of Bizzozero; or to the later views of some physiologists who hold that the blood is a living fluid tissue imbued with vital activity and attended with the power of being nourished and of suffering waste and death; or to the researches of Professor Frankestein and his belief in the discovery of the cause of pernicious anæmia. The origin of this, he holds, is in the decaying teeth. He found in the blood of pregnant women, suffering from pernicious anæmia, minute active bodies, some in a state of transition into double-celled bodies. Upon investigating the liver cells he found in several cases a great number of multi-celled filaments. From these cells these filaments had traced their way into the capillaries in numbers sufficient to seriously affect the circulation. The investigator claims that these organisms find their origin in a fungus growing in carious teeth. Fatty heart may, it is also claimed, depend upon the same conditions. This may open a wide field of inquiry; and the dentist may be able by scientific procedures to prevent incalculable misery, for where can so much danger lurk as where our every meal comes in contact with such a disease-producing cause as caries in the teeth? I also refer to the researches of Professor Salisbury, of New York, where in 1000 cases of infusorial catarrh in the past sixteen years, he discovered a “flagellate infusorium with body and legs,” which he has denominated the “*asthmatos ciliaris*,” and which are found in great abundance in the nasal passages and

on the conjunctivæ in cases of epidemic infusorial catarrh. Even microscopic observers become affected by inhalation; and contagious cases of pneumonia are ascribed to this rapidly propagating cause. Dr. E. Cutter asserts that if the case is mild no serious injury may result; but if a "ropy, sticky condition of the blood prevails, with exposure to cold, followed by pneumonia, it becomes very serious and is often fatal." All these and similar investigations show that medicine at large is widening its field of study. We must follow up these investigations and, wherever we can, aid them by direct or indirect personal encouragement, as well as continue those begun in our own school, and when opportunity presents, inaugurate new schemes for study and help on medical progress as well as medical reform in all times and in all places.

Need I urge upon you all not to be weary in well-doing, while you have life and health, and vigor and strength to fulfil your mission? Perform your duties well, that your worldly reward may be abundant in intellectual, moral, and social riches, and your life beyond be one of transcendent bliss. Noble workers are falling all around you, a John F. Gray, an Eliphalet Clark, a Russell, a Barrows, a Gallupe, a Holt, a Cator, a Keep, ripe in years, and sprinkled deeply over by the hand of time; as well as those in the prime of life, such as Ashton, Rousseau, Sumner and Richardson, or like the lamented and honored McClatchey, the lover of this Institute, the willing worker, the self-sacrificing devotee to our science and its representative society. While such valuable lives are leaving the earth for their rewards, let the thought of their departure stimulate us to tarry not on the way, but to labor and speed on, ever upwards and onwards.

It will be remembered that in 1881, at the meeting held at Brighton Beach, the Institute tried the plan of having sectional meetings, a novelty which the society was hardly ready for at that time; and especially was it discouraged on account of the lack of a sufficient number of meeting rooms, and suitable ones for all the sections, as they had planned for holding their various sessions. The crowding of the sectional meetings—two or three being in one room at the same time, greatly annoyed the members, and induced the Institute to change the plan to the old system of having the papers read and general discussions held during the regular meetings of the body.

Unless the plan I offered to the executive committee for this year works well, of giving each bureau a specified time,

say an hour and a half, in which to offer synopses and discuss the same, as special orders of business at the named hours, there will be great need for a change from our present method; for the bureaus, as at present constructed, as to their amount of work, and the importance and value of the reports which they offer to the Institute, are debarred from presenting much valuable matter in the way of papers and debates thereon, which it is our duty to husband for the membership at large. Should the method of this year prove successful, I would urge its acceptance for the future, but, if not satisfactory, I would ask that the bureaus make their annual reports in summary, with the titles of papers and the general subject for discussion, as at present; and that these be presented to the Institute at definitely fixed hours during our general proceedings; and that, for further elaboration of the subject and its papers in synopses, each bureau hold a sectional meeting or meetings in rooms previously arranged for them by the Committee of Arrangements. I would further offer that the stated periods, and probably the length of time also, when these different sections shall occupy these rooms be printed either on the annual programme, or on special cards posted in a conspicuous place, both at the hall and at the headquarters of the Institute, every year during the entire time of the annual gathering of the Institute. The sectional meeting system, or a modification thereof, I am quite sure, will prove itself in time to be the proper one for the Institute to adopt; and then the details in reference to these and the other meetings will have to be carried out with more explicitness by the Executive Committee and the Committee of Arrangements, and be properly and fully announced. Then the Institute, as a whole, as well as the members of the different sections or bureaus, will have ample opportunity to bring out all that is new and original in their respective departments as now constituted.

To accomplish this, each bureau should, according to article 7, section 7, of the by-laws, have a secretary selected from its own body to report to the best of his ability all the principal discussions and novel points presented at the sectional meeting of his own bureau, and he should write them out immediately, during the sessions of the Institute, and present these ready for publication to the General Secretary for embodiment in the "volume of annual Transactions." He should summarize these points also and present them to the Institute previously. The secretary of each bureau should

be selected by the chairman of the bureau, as soon as appointed, at each annual meeting, and in his absence a pro-tempore one should always be promptly selected. It might also be the duty of said secretary, in conjunction with the chairman, to see that a bureau meeting is held to lay out the work of the year before the annual session of the Institute is closed; and to be answerable for the determination then and there of the subject for discussion for the ensuing year; and, further, to make sure that the names of the members, and, as far as can be ascertained, the papers on which they will write, be fixed upon and furnished to the General Secretary for use in compiling the "Transactions" of that year, which should embody the work which these bureaus are to do for the ensuing year.

2. When the funds of the society will permit, I hope to see the inauguration of a periodical, to be called the "Annals of the Institute," and issued in quarterly numbers; to be devoted to the publication of papers written by members of the bureaus and by other members of the Institute, and such other writers as are approved of by the Committee on Publication, and presented for use in the magazine from time to time during the year. Should this be adopted, it will involve the appointment of an editor to edit the papers, the general bureau work, Transactions, etc., and will make the volumes models of precision and literary perfection, such as the Institute may well feel pride in presenting to sister national societies, to public libraries, and especially to the Congressional library at Washington. This might take the place of our annual Transactions, and likewise do good by keeping our members, as well as the profession at large, informed of the progress of our medical work.

It is very natural for each chairman to wish to obtain the best writers for his bureau. I have observed in the past that one member has been sometimes placed on several bureaus the same year; as a result, his time is very much taxed in the preparation of three or four papers during the year, and they are not so well written as if he were more completely identified with one special branch, and with one particular subject, as he should be, and as the tendency of the day requires for the greatest perfection of the work of every department in medicine here represented. There is an abundant membership, and ample talent among the members, which, if it has not heretofore been utilized, should be brought out by the appointment of previously unselected members, especially those

who have shown themselves interested in the department to be filled. Each member should feel that he is identified with one bureau, and with one subject, and then for the time throw all his energy into his work and the elaboration of his theme. One committee should not encroach upon the grounds of another by the appointment of a member who has been previously, at the same session, appointed on another. Hence I would be pleased if, always in the future, each bureau were made up of members not connected with any other bureau, standing committee, or office. The President of the Institute should supervise this matter, and have power to direct the chairmen of bureaus to modify their membership, in the event of infringement upon this rule. In case of difficulty, the bureau first reporting to the Institute should have the privilege of selection in any disputed name or names. Should a bureau fail to report at its specified time, it should lose the privilege until its report is presented, ended, and accepted by the Institute.

There is another matter to which I would call the attention of the society. We should have a permanently designated place for the deposit of our archives and valuable papers not needed for the time by the secretaries. This should be a place where the papers would be cared for properly, and would be returned to the society whenever it might desire them, and where, moreover, they might be consulted or referred to in case any officer or member should require, under proper authority, to have access to them. I very much doubt if a complete set of our Transactions is at present in the possession of the Institute. If not this organization, who should possess so valuable a library set as all the back volumes complete? Who, if not you, should possess the autograph papers and letters of the fathers and pillars of homœopathy? If you had such a depositing place in some library it would not be many years before it would be the centre of interest to all the literati of the school. Nay, further than this, the library of many a veteran would fall into the care of such an organization, as a parting gift from the aged physician as he crossed the border-line of earthly life; and then, as years roll on, these mementos would increase in value and be amply appreciated, as are the Hering and McClatchey collections, which are now in the possession of the chartered and flourishing society known as the "Homœopathic Library and Reading Room of Philadelphia." I would even suggest this model library as a good place for such a deposit.

I am glad to refer to the increasing interest taken by many of the various organizations in different parts of the world in

commemorating the birthday of Hahnemann. The homœopathic society of France, of which M. le Dr. Gonnard is the presiding officer, sets an excellent example to the various national and state societies in this matter. On the 10th of last April this society held its annual banquet, on which occasion probably the best talent of the school in France, including several of the Nestors of homœopathy in that country and elsewhere, were present. The president made a happy address, and a most enjoyable evening was spent by all present. In this country a number of homœopathic societies are in the habit of annually celebrating our great founder's birthday in some appropriate manner. The Hahnemann Club of Philadelphia, for example, has its annual meeting fixed definitely on that day, and celebrates it. I would suggest that this parent society encourage this measure and recommend to all our State and local organizations this date for their annual celebrations, and express the advantage of thus fostering the custom. I even favor asking all the national or state homœopathic societies of other countries to consider the same subject, and to offer a similar recommendation to their various local organizations.

During the year past, the British Homœopathic Society has had in working order a special committee on *materia medica*, of which Dr. Alfred C. Pope is chairman and Dr. Richard Hughes secretary. The committee has already published some specimen work, but without meeting with the full approval of the society. Its work is good, and its opportunities favorable for the accomplishment of its object, and I desire to express the hope that a joint action may be had on the part of our bureau of *materia medica* and the special committee of the British Society in the prosecution of the great undertaking. I favor such a co-operation, and trust that a suitable resolution to that end will be adopted at the proper time.

There are many active, talented members of our profession who are not connected with this body, but who probably would unite with it if the advantages thereof were properly presented to them by those who are now enjoying the honor and privileges of membership. A blank form should always be printed with or on the annual circular, giving the requirements in full to those seeking admission, and better efforts should be made to secure new names for membership of the worthy, intelligent, and talented members of our homœopathic profession.

It is advisable to enlarge the duties of the provisional secretary, from the position of a mere assistant with no powers,

to the more responsible requirements of making full stenographic reports, and of writing out the same for suitable use in the Transactions. Hence it should be the aim of the society, if these duties are laid upon that official, to always select a competent member of this body for that position, with salary attached, to compensate in some degree for the arduous duties attending thereupon. In conclusion, I would ask the members to read carefully over the most excellent by-laws and standing resolutions, and stand by them fully to the letter.

That our *materia medica* workers, our microscopists, our ophthalmic and aural and general surgeons, our laryngologists, our gynecologists, pædologists, sanitarians, obstetricians, physiologists, clinical investigators, pathologists, anatomists, and a host of others in the various lines of medical thought in our school, are assiduously and patiently at careful work, is a source of great encouragement and pleasure; and the labors of all such members are deserving of our highest commendation and congratulations for what they have already done, and what they are annually accomplishing. God speed your efforts and give you long life and great powers of endurance for the continuance of your tedious researches! With our specialties rapidly developing, our careful thinkers and workers obtaining honorable positions, and the worthy members of our branch of the profession being admitted into the scientific associations of the country and into the choicest social circles all over the world, I can but congratulate the science of homœopathy, to which I am an humble adherent, upon its present status.

The future of homœopathy may then be easily predicted. All great reforms go onwards, not backwards, and most of them require long persevering efforts, and consume years and decades and centuries before they become universally established in their results. The religious reformations in the past have been worked out slowly but surely. The history of political and social reforms shows that they generally take a lifetime before their successful termination is gained. And so it is with genuine medical reformation, which began with Hahnemann's issuance of the "*Organon*," and is now progressing steadily and favorably even against the most bitter animosity. It is quietly battling on against old beliefs that along the advancing eras of time have for three thousand years or more been attaching themselves to the laity like barnacles to a mighty ship. Now the owners have decided upon harboring the ship, and have wisely begun to

cleanse her hull. A generation or two more may yet be needed to completely finish the work and fit it for better speed and a better voyage upon the sea of time. And then, when reform will have become universal, the banner name of homœopathy will be folded with the ensign; the law of cure will be written on the minds of all throughout the medical world, and professional "isms" and "pathies" will have faded away into oblivion. The icebergs of jealousy, hatred, malice, slander, and misrepresentation will have melted slowly away. Battlegrounds will be obliterated. The battles with the lance are already quite unknown to the younger portion of the present medical profession; the torrents of the crimson stream have long since ceased to flow. The surgical instrument maker who would now risk the manufacture of a case full of lancets would be regarded by these young practitioners a fit subject for an insane asylum. The "senna and manna" craze is over, and the victims and victors are beneath the sod. The "bilious" mania is waning, and the innumerable tons of mercury of its more recent days are no longer annually sweeping down so many human millions. The multiplex prescriptions, with a group of remedies like great columns for addition, are gradually fading away, and simpler modes are following, often with single remedies; while palatable sugar-coated granules, parvules, pilules, etc., are now the rage in "old-school" medical fashions, and remedies scientifically proved long ago upon the healthy by many provers of the homœopathic school are fast finding their way into the "regular" drug stores, and are continually prescribed by the would-be "regular" physicians, whom they most gladly delight to honor and obey. Crablike in its details, the old-school is moving backwards. It will reach ere long, common-sense ethics—the single remedy, comminuted and minimum doses, and non-frequency of repetition—long before it will reach the practical law of cure, which it is destined to arrive at in the end, and to acknowledge. We aim at reform, beginning from the opposite standpoint in prescribing, the law of cure—*similia similibus curantur*—being first and always accepted; then the other points in our medical reform may be supplemented by rules. The single remedy, the non-frequency of repetition while a case is with certainty improving, the minimum dose of real medicine, and others like these which Hahnemann hinted at, such as,—“The characteristics of the case must be similar to the characteristics of the drug, taking the totality of the symptoms;” or this,—“In chronic cases,

which progress from the periphery, external, or less essential parts of the body, towards the internal or more central and vital parts, give by preference remedies that are opposite to this direction in producing their proving effects upon the body." Or still another:—"Symptoms recently developed are the first to yield; old symptoms disappear last." This gives, along with the totality, the last-appearing symptoms, the claim for decision in selecting the remedy. The revered Hering, that most scrupulous and accurate observer, added still another rule as follows,—“Every affection going from one side of the body to the other is more effectually overcome by such medicines as will cause or produce a similar affection, but in the opposite direction.” Others may be formulated in the future, as the system of homœopathic healing art continues to develop. They should be looked upon with calmness, and no censorious or vindictive spirit should arise in discussing any one or all of them.

Much wandering and fanciful thinking and wild enthusiastic writing have of recent years been freely and probably unwisely indulged in by both ends of the line of dose and upon other subjects. Are they likely to continue? I am inclined to think not. It is hardly possible to have such extremists in the school in the next generation; time sifts from all new and old things the unseemly growths, the rank tares and weeds that are bold in their alluring shape, and undomesticated appearance in the literary fields of grain; and these wither in the sunbeams of truth. So will it be with these gaudy thoughts, these weird mental wanderings, these tinsel words of theoretic reasoning; and all this gay cerebral work, colored with many hues of fancy's touch, with its crusty and curt verbal pungency, will fade away and be forgotten. Fear them not. Harmless are they as the babbling mountain brook, that serves to charm the traveller, while the crystal glacier, which gives support and existence to the gurgling stream, remains solid, beautiful and strong in the sunlight, immovable through years and ages. And so the grand system of medicine now known as homœopathy will endure, and will ever shine gloriously illuminated through its beams of truth. It will be effulgent with future beneficence, when the rushing torrents of over-enthusiastic thought have evanesced; the angular rocks, the projections, the pebbles and the sands, that caused the murmurs and brooklet-like babblings, may remain; but the dark currents that rushed over them will be gone and forgotten.

Looking across the medical chasm we see a great stir in the

opposite camp. A strange flag is unfurled. On it a motto is discerned. It reads: "The New Code." "*Code.*" Me-thought that was the remains of an old shell-fish, that dear old fossil, "the code." It has become a trituated mass, and been turned into a "bolus," yea, a choking bolus. It has choked many an intimate friendship, and is now strangling many more. Its ethics are like a whirligig, effected by every breeze, now calm as a sleeping beauty, now flying with fury, turning first this and then another way; one moment quiet, and the next humming and buzzing like a nest of hornets, and in its work of mischief quite as hungry for evil.

"No consultation ethics" is on the other great medical banner that we see flying; and this is the lofty war ensign of the day in the opposing school of medicine. Happily we are not the antagonists in the fray; it is a home rebellion in the venerable "old-school" ranks. The great test battles have twice been fought on the soil of this State, and code reform has been victorious; and this state in the van, others will surely follow. A trickling drop of water wearing ever at a granite foundation will eventually crumble it away; and so will the constant efforts of the brave, consistent hearts of ethical reformers wear a crevice in the obdurate heart of old-school prejudice.

Towards our school the weapons are changing. At first we were classed as "quacks;" then as "irregulars;" now simply as "sectarians." It has taken the "old" eyes a long time to penetrate far enough into their own definition of the term "quack" and "charlatan" to see that our system is infinitely more free from charlatan practice and irregularity than their own, for ours is based upon a scientific law; and further, all the teachings and writings and remedies of the school have always been free and open to everybody; and no quackery or secret drug or proprietary or patent remedy is allowed in the school under any form; and a liberality exists in our ranks far surpassing theirs in matters of medical education and of certainty of therapeutic application and success.

To prove the assertion of success, there is not a city in this country to-day, where homœopathic practitioners are found, but in which the members of our branch will willingly test the system side by side in any and every hospital, if a fair, impartial trial be accorded. But, fearing the comparison, whenever the two systems are placed in such contrast by the laity, the "noble" old-school physicians, like a retreating foe, withdraw under their mottoed banner. Under the garb of "the code" they hide their dread and fear of homœopathic practice.

Ye layman of the land, why do you not awake and compel the trial? In all your almshouses, your hospitals, and all your free or remunerative institutions, wherever the sick are found, we stand ever ready, ever waiting, for the trial and the work. You are interested; and if the "regulars" decline this fair examination of the merits of our system, give us the institutions as a whole, by right and justice and by reason of their ignominious retreat.

When asked to make the trial, why should the American Medical Association prattle about a consulting rule of ethics, when consultations, many and often, have been held between prominent members of the two rival schools? The garments of a Beaconsfield or a Garfield were of such official importance and luring beauty that the old profession permitted bedside consultations between members of both schools over these honored and valued men, and an interested and afflicted public encouraged and upheld the action. The medical codes of the two greatest English-speaking and the most influential nations of the world were thrust aside as though they had no existence and "sectarian" brothers "met" by choice and not by chance. The more homespun garb of the lesser official and unofficial laity seems too humble to afford a repetition of the courtesy then demanded and granted. Are we to believe that it was compulsory magnanimity on the part of the old codists?

The assumed "regulars," to cure the ugly little pet born to medicine in Germany, prescribed "social and professional ostracism." This was their remedy. It fell into their own cup, and now they are drinking it themselves. They have tried to force it down that giant, the laity, but here they struck a solid, immovable, impenetrable barrier, and the dose returns like an unexpected recoil, and 10,000,000 out of the vast lay population in this country are masters and victors. To the 75,000 professional men arrayed with the haughty ancient plume and holding the pestle as the "Esculapian shillalah" over the heads of the little band of eight thousand faithful medical reformers, these ten millions are saying: "These are my little ones. I have adopted them into my family; harm them not, for they shall grow to be rulers and princes and kings among you."

Chicago, the astounding youthful Hercules, has proved it by actual computation and figures; for there, I am informed, the patrons of homœopathy own three-fourths of the taxable property of the city. In Boston and St. Louis, in Cleveland and New York, in San Francisco and Cincinnati, in Atlanta,

Nashville, and Baltimore, in New Orleans, Toledo, and Washington, in Mobile and Savannah, in Denver and Detroit, in St. Paul and Minneapolis, in Buffalo and Albany, in the cities with the big P's—Portland, Providence, Pittsburgh and Philadelphia—and a multitude of others, it is accurately safe to say that in the aggregate at the lowest calculation fully one-third of the taxable property is held by people who employ homœopathic treatment.

That remedy, the “social ostracism,” the reformed portion of the laity is going to “prove,” in more ways than one, before it is admitted to a position in the materia medica; and when the symptoms are all recorded, and the “provings” ended, then will it—the remedy—be ready for the laity to administer; and, my word for it, they are going to prescribe it on the grand scientific law of *similia similibus curantur* to the sick man of to-day. “Codists” or “no codists,” the antiquated invalid will have to submit, when the time arrives, to his own powerful prescriber, and his ailment will be cured by one of his own discoveries.

In regard to our duty as members of the homœopathic profession in the events of the day, and especially in this contest going on in the self-denominated “regular” school about the recognition of members of our school professionally as medical brethren and as consulting physicians, let me say that, while we have now as a body nothing to do with the triangular struggle as to whether the “new code,” or the “old code,” or the “no code” party wins, yet when their contentions are over and the matter has been settled in our favor—as it most assuredly will be in time—then we may have to act as an organization; but we may have to remain spectators for years ere public opinion moulds the professional mind to accept its coming destiny. A few years ago, female physicians were excluded from their rights as a professional class, but justice eventually placed them in their proper position and estimation in professional favor, and now they are recognized all over this country and in some foreign nations. The laity, in the honors they are placing upon the members of our school, and the recognition we are receiving in national, state, and local circles, such as appointments upon boards of health, in hospitals and other institutions, are fast solving the problem that the old school dreads, and has not true manliness enough to meet and work out in a just and honest way.

Exclusion by ethical resolutions and unfair technicalities is a chimerical and unsound policy, and a tinsel measure that

a little time and patience will rust away. In so doing it will expose the darkened soot that has been lurking beneath the great controversy of the giant body of the profession. Ostracism socially! Why, we are and have been at all times well received by the laity in every metropolitan centre. The laity are the foundation support of both schools. This element neither one as a school can command, and if the laity find the elements of true manhood and true medical science, progress and reform in the homœopathic portion of the profession they will undoubtedly sooner or later universally support it, and compel social unity and professional courtesy from both schools towards one another.

This triangular contest I have referred to, which is now going on in this, the Empire State of the Union, between (1) the modified code, (2) the American Medical Association code, and (3) the no code parties, is one to us, then, simply of interest as an outgrowth of the reform instituted by the honored, noble Hahnemann. When the members of either of these three parties show sufficient respect for themselves and the rest of the legitimate medical profession to entitle them to the true and honorable cognomen of honest-hearted men and well-meaning gentlemen, and live up to the "golden rule" among themselves—that rule which is the basis of all genuine professional and social ethics—then can we shake hands with them on the ground of codeless manliness, and not till then. What is a code worth to any man of any school if it does not teach and imbue in every adherent the true instincts of manliness and honor? If a magnanimous spirit be in the individual, if he have a proper respect for his medical brethren everywhere, if he have charity and brotherly love towards the fellow-members of his profession, if he regard his own comeliness or demeanor, and respect himself and others, will it not show itself in deportment and language becoming a correct gentleman, on all occasions, even under the most trying circumstances, even when summoned to consulting duties in the chamber of the suffering or the dying? If a man, on the other hand, has a rascally heart, a rancorous, bitter, deceitful spirit, a dishonest moral training, it will come welling up like a blackened poisoning spring, and its effects will tell of its baneful origin; and no codal words will ever correct his methods of life and action. You must go to the fountain, and let none but pure water into the well. Let no dishonest person enter the profession, or dare to ask our preceptorship, or the privilege of matriculation at any of our colleges.

Write down as a maxim this: Have honest youth only as your pupils for an honest and self-sacrificing profession; and let strict morality, integrity, intelligence, and thorough education be the standard in the colleges of *our* school, at least. Then you will have no code to write. Every heart and head and hand and life, properly admitted into the profession, will have the moral and professional code stamped thereon; every sentence and action of such a man towards you, towards the fellow-members of the profession of all schools, towards mankind at large, will be that of uprightness. From him no Janus-faced hypocrisy will ever frown at you. The most noble code I can pen or imagine may be written in a line: *Be upright everywhere.*

The harmonious session of the institution last year, the freedom from the discussion of technicalities and minor issues, the unanimous election of all the officers, the freedom from unkindly feelings in the debates, the subjection of the knotty questions of medical dispute to the more important departmental work and topics of true scientific reform, are all causes for unfeigned and profound gratitude from your presiding officer. Fully appreciating all the favors and the responsibilities conferred and the high professional deportment which has been maintained towards me in the past, and especially during the period of my official relations, I can but trust for a continuance of kindly feelings and support in the conduct of affairs at this meeting; and so, with mutual good will and confidence, let us proceed to the performance of the various duties now placed upon us. In the words of the old song:

Too much rest is rust,
There's ever cheer in changing;
We tyne by too much trust,
So we'll be up and ranging.

On motion of Dr. J. P. Dake, of Nashville, a vote of thanks was extended to the president for his able address, and a committee was appointed to consider and report upon its suggestions. The committee consisted of Drs. Dake, I. T. Talbot, of Boston, and J. S. Mitchell, of Chicago.

DR. J. C. BURGHER, the secretary, then presented the report of the Committee of Publication of which he is the chairman. The *Transactions* had been issued in a handsome octavo volume of 728 pages.

DR. H. D. PAINE, of New York city, Necrologist of the Institute, reported the death of the following twelve physicians, seven of whom were "seniors:"

George Russell, M.D., Boston, Mass., aged 88 years.

Lester Keep, M.D., Brooklyn, N. Y., aged 85 years.

Eliphalet Clark, M.D., Portland, Me., aged 82 years.

Ira Barrows, M.D., Providence, R. I., aged 78 years.

William Gallupe, M.D., Bangor, Me., aged 77 years.

Daniel Holt, M.D., Sewell, Mass., aged 73 years.

H. H. Cator, M.D., Camden, N. J., aged 67 years.

L. M. Rosseau, M.D., Pittsburgh, Pa.

A. H. Ashton, M.D., Philadelphia, Pa., aged 56 years.

Robt. J. McClatchey, M.D., Philadelphia, Pa., aged 47 years.

A. E. Sumner, M.D., Brooklyn, N. Y., aged 42 years.

A. S. Richardson, M.D., Nevada.

The report of the Bureau of Organization, Registration and Statistics was then presented by its chairman, I. T. TALBOT, M.D., of Boston. According to the report there are now in this country 27 State societies. Also numerous local societies, with 2160 members; 30 general hospitals, costing nearly \$2,000,000, besides a large number of special hospitals, and 47 dispensaries, 27 of which report having treated 60,728 patients during the year. There are also 11 medical colleges, with about 1300 students, with 440 graduates during the year, and a total of about 6000 alumni; and 19 medical journals. About 7400 physicians are practicing homœopathy openly, besides a much larger number who use it more or less clandestinely. Indeed, it is probable that very few physicians of any school fail to avail themselves in greater or less degree of the results of the teachings of Hahnemann.

DR. TALBOT urged that in the organization of medical societies, the selection of an intelligent, energetic and conscientious secretary is of *first* importance, without which no society can attain a very high degree of usefulness and prosperity. He mentioned that of 160 secretaries corresponded with by the Bureau of Organization, less than half of them respond to letters asking for necessary information.

Reports from State and local societies being called for, Dr. P. G. Valentine, of St. Louis, reported encouraging progress from the Missouri Society. Dr. Spaulding made a similar report for Massachusetts; Dr. D. S. Smith, of Chicago, for Illinois; Dr. H. E. Stone, for Connecticut; Dr. H. E. Beebe, for Ohio, and for the Montgomery County or "Miami Valley" Society; Dr. H. C. Allen, for Michigan; Dr. J. A. Compton, for Indiana; Dr. M. S. Briry, for Maine; Dr. Pemberton Dudley, for Pennsylvania, and Dr. T. P. Wilson, for Michigan.

DR. EGBERT GUERNSEY, of New York city, reported on behalf of Ward's Island Hospital; Dr. W. Tod Helmhuth, for the Hahnemann Hospital of Brooklyn; Dr. E. C. Franklin, for the Homœopathic Hospital of the University of Michigan; Dr. J. S. Mitchell, for the Homœopathic Staff of the Cook County (Chicago) Hospital, and for the dispensary of the Chicago Homœopathic Medical College; Dr. S. P. Hedges, for the Joliet Penitentiary of Illinois, which has a homœopathic attendant, Dr. Campbell. Dr. T. F. Allen reported for the Ophthalmic Hospital of New York city; Dr. T. P. Wilson, for the Reform Schools at Adrian and at Ionia, and also mentioning that one of the Insane Asylums of the State is to be placed under homœopathic management; Dr. D. H. Beckwith, for the Cleveland Homœopathic Hospital; Dr. N. Schneider, for the surgical department of the same hospital; Dr. W. L. Jackson, for the Hughes Medical Club of Massachusetts; Dr. D. S. Smith, for the Hahnemann College Hospital of Chicago; Dr. J. H. McClelland, for the Homœopathic Hospital and Dispensary of Pittsburgh; Dr. C. J. Higbee, for the Minneapolis Hospital; Dr. Pemberton Dudley, for the Children's Homœopathic Hospital of Philadelphia, and the Pennsylvania Homœopathic Hospital for Children.

DR. F. R. McMANUS, chairman of the Board of Censors, reported the names of twenty-two candidates for membership, and they were elected.

A vote of thanks was tendered to Dr. Hoxie, of Buffalo, for his magnificent floral gift.

Afternoon Session.—The report of the Bureau of Materia Medica and Provings was presented by J. P. Dake, M.D., of Nashville, Tenn., the special subject of the report being "Model for Materia Medica." The report embraced papers (synopses of which were read by the chairman) from Drs. J. P. Dake, E. A. Farrington, Lewis Sherman, A. W. Woodward, A. C. Cowperthwaite, Conrad Wesselhoeft, Tommaso Cigliano, of Naples, Italy, Wm. Owens, H. R. Arndt, T. F. Allen.

Each of the above writers presented his views as to the preparation of a work on materia medica, with illustrations from the pathogeneses of Kali bichromicum and Nux Vomica.

DR. DAKE then proceeded to explain the work of revision as it has been carried on in England, and mentioned the appointment of a committee by the British Homœopathic Society,

with Dr. A. C. Pope as its chairman, and Dr. Richard Hughes as its secretary; also of the efforts thus far made. He offered a resolution providing for united action between the Bureau of Materia Medica and Provings of the Institute, and the committee of revision appointed by the British Homœopathic Society.

DR. ASA S. COUCH, of Fredonia, N. Y., in discussing the report, expressed the view that symptoms not uniformly occurring in provers, should not necessarily be omitted from a work on pure materia medica, though they might be printed separately. He was surprised to find that in this he agreed with the remarks made by Dr. T. F. Allen, of New York.

DR. A. W. WOODWARD, of Chicago, thought that the constantly occurring variation in any type of disease indicates the necessity of including in a materia medica also the variations occurring in the action of a drug. He especially urged that the consecutive occurrence of symptoms in drug action be carefully preserved in the records.

DR. H. C. ALLEN, of Ann Arbor, Mich., said the models presented through the bureau, show that it is scarcely possible to find a model to satisfy any great number of physicians. He thought the scheme of Hahnemann probably meets the views of a larger proportion of practitioners than any new methods we can devise.

The report was also discussed by Drs. WM. OWENS, of Cincinnati, and S. LILIENTHAL, of New York.

DR. BUTLER, of New Jersey, urged the publication of the original provings, in order that each physician could prepare his own schema. The report was then referred for publication.

The Report on Pharmacology was taken up.

DR. CONRAD WESSELHÆFT, of Boston, reported a paper on the "Solubility of Glass," particularly as affecting the preparation and preservation of homœopathic preparations. His remarks were based upon personal observation and experiments. He also showed that in the use of mortars of silicate of alumina, either porcelain or wedgwood, a portion of the mortar is separated, and is mixed with the trituration. His paper gives a description of the methods of investigation by which these facts were demonstrated.

DR. JOHN HALL, of Toronto, Ont., made a brief remark, intended to refute, in a measure, at least, Dr. Wesselhæft's idea that a great amount of adulteration really does follow the use of mortars, as the trituration process is usually carried on.

DR. J. EDWARDS SMITH, of Cleveland, O., said he was able to confirm Dr. Wesselhoft's observations. He had found that nine-tenths of the samples of sugar of milk sold by the pharmacies contain sand; the triturated samples contain the most; but untrituated samples are never free from it.

DR. T. F. ALLEN said he had long known that distilled water kept in glass bottles contains hydrate of silica, but he does not think it usually interferes with the action of the accompanying drug.

DR. HAWKES, of Chicago, ridiculed the idea that any perceptible amount of impurity exists in most of our preparations.

DR. T. F. ALLEN thought we are too much alarmed over the discoveries of our modern investigators.

DR. DUDLEY said that any alarm that might be felt is due to an evident misconception which has come down to us from the days of Hahnemann. Endeavoring to escape the ridiculous polypharmacy of the old school, it appeared necessary, in order to be consistent, that our drugs should be absolutely pure. Yet it seems that without this purity, we have gone on and cured our patients, and homœopathy has triumphed.

DR. J. P. DAKE said that notwithstanding the view expressed by Dr. Allen, we ought to go on investigating these subjects, learning all about them we can, and remedying them so far as may be in our power.

DR. GEO. B. PECK, of Providence, R. I., held to the view that in these unavoidable admixtures, the substances not adapted to the susceptibilities of the organism, do not act upon it unless in considerable quantity.

DR. WATERS, of Terre Haute, expressed practically the view held by Dr. Peck.

The discussion was further continued by Drs. W. Y. Cowl, T. C. Duncan, Wm. Owens, S. Lilienthal, J. S. Mitchell, and T. F. Allen.

DR. PEMBERTON DUDLEY, of Philadelphia, Chairman of the Committee on Medical Literature, presented his report, including the titles of fifty-four books and pamphlets, and thirty-three journals published during the year ending June 1st, 1883. The report suggests that possibly the Institute might adopt some plan for the improvement of American homœopathic literature. Adjourned to 8 P.M.

Evening Session.—The Bureau of Clinical Medicine presented its report through J. S. MITCHELL, M.D., of Chicago,

Chairman of the Bureau. The report was on the general subject of Malarial Fevers, and included the following papers:

"Peculiarities of Origin as to Persons," by J. P. Dake, M.D.

"Peculiarities of Origin as to Place, and Nature of Malaria," by J. W. Dowling, M.D., of New York.

"Remote Effects of Malaria upon the System," by E. A. Farrington, M.D., of Philadelphia.

"Relation of Malarial Fever to Phthisis and Pneumonia," by J. S. Mitchell, M.D.

"Special Indications for Treatment of Intermittents," by H. C. Allen, M.D., of Ann Arbor, Mich.

"Quinine in Malarial Fevers," by L. A. Falligant, M.D., Savannah, Ga.

"Special Effects of Malarial Fevers upon Women," by Anna Warren, M.D., Emporia, Kansas.

"Diseases of the Nervous System Resulting from Malaria," by S. Lilienthal, M.D., New York.

"Treatment of Remittent Fever," by R. B. Johnson, M.D., Ravenna, O.

DR. GILMAN, of Chicago, moved that all the papers except that of Dr. Falligant, be referred to the Committee of Publication. He objected to the publication of Dr. Falligant's essay, because it advocated, in certain cases, the use of quinine in large doses. The motion was opposed by Drs. T. F. Allen, of New York, J. W. Dowling, of New York, and Dr. J. C. Morgan, of Philadelphia.

The papers were then, without exception, referred as usual.

The report of the Bureau of Medical Education was next presented by its Chairman, DR. EGBERT GUERNSEY, of New York, including a paper on the general subject, by the Chairman, and

"A Plea for the Long Term," by J. H. McClelland, M.D., of Pittsburgh.

DR. GUERNSEY's paper took earnest exception to any limitation in the scope of medical collegiate education, such as might be prompted or suggested by the teaching or practice of particular "schools of medicine." In other words, the teaching of science should not be sectarian, but should include every important principle and fact recognized in modern medicine.

DR. MCCLELLAND's paper treated forcibly of the necessity, not so much for long periods of collegiate instruction,—though the writer favored that also,—as for *long courses of lectures*—at

least eight or nine months instead of five or six. He thought one course of lectures of nine months equal to or better than three courses of five months each, so far as the making of permanent impressions results.

The paper of DR. GUERNSEY was rather sharply discussed by Drs. Lilienthal, T. P. Wilson, Dudley, John Hall, of Toronto, Ont., J. C. Morgan, H. W. Taylor, P. G. Valentine, and the author of the paper.

An adjournment was then had until 9 A.M., Wednesday, after which the members were handsomely entertained with vocal and instrumental music by Dr. T. F. Allen, and Dr. and Mrs. Arthur T. Hills, of New York City. It was greatly appreciated, and enjoyed by all present.

SECOND DAY—*Morning Session.*—The Institute reassembled at 9.30, pursuant to adjournment.

DR. E. M. KELLOGG, of New York, Treasurer, presented his annual report, showing the receipts during the year as \$3938.50

Disbursements on current account,	\$2999.10
Amount of last year's deficiency,	928.05
Balance in treasury,	11.35—\$3938.50

On motion of Dr. J. P. Dake, of Nashville, Tenn., several verbal amendments were made to the by-laws. Also, one changing the minimum number of members on each bureau from five to seven.

DR. T. M. STRONG, of Ward's Island Hospital, New York, chairman of the Committee on Foreign Correspondence, reported letters from prominent physicians of Europe, South America, India, Mexico, etc. These letters denote advancing prosperity in England, South America, and Portugal, official opposition in Russia and Sweden, the cause at a standstill in Switzerland and Belgium. Italy speaks in hopeful terms, while from Austria and Germany but little has been heard.

The report of the Bureau of Obstetrics was next presented by the chairman, M. M. WALKER, M.D., of Germantown, Pa. The report embraces the following papers:

"Statistical Gleanings on Use of Remedies for Pyrosis, Hæmorrhoids, Constipation, and other complications of Pregnancy," by George B. Peck, M.D., Providence, R. I.

"Sterility," by R. N. Foster, M.D., Chicago, Ill.

"Morning Sickness," by L. C. Grosvenor, M.D., Chicago, Ill.

"General Hygiene," by C. Vanartsdalen, M.D., of Ashburne, Pa.

"Retroversion and Retroflexion of the Gravid Uterus," by Louis N. Danforth, M.D., Chicago, Ill.

"Promotion of Lactation," by C. G. Higbee, M.D., St. Paul, Minn.

"Albuminuria," by J. C. Sanders, M.D., Cleveland, O.

The report was accepted and referred as usual, and a conversational discussion followed, participated in by Drs. Lungren, of Toledo, O.; Gilman, of Chicago; Briry, of Bath, Me.; Morgan, of Philadelphia; A. A. Whipple, of Quincy, Ill.; R. Ludlam, of Chicago, and M. M. Walker, of Germantown, Pa.

The report of the Bureau of Microscopy and Histology was received through the chairman, J. EDWARDS SMITH, M.D., of Cleveland, O. The papers included in the report were:

"Remarks and Suggestions concerning certain Homœopathic Triturations," by J. Edwards Smith, M.D.

"The Bacteria Question," by W. Albert Haupt, M.D., of Chemnitz, Saxony. Translated and read by C. Wesselhoeft, M.D.

"Cancer—Normal Cells out of Place," by R. R. Gregg, M.D., of Buffalo, N. Y.

"Drug Purity and Precision, and Pharmacy," by W. F. Edmunds, M.D., of St. Louis, Mo.

"Chemistry and Homœopathy," by Prof. M. B. Wood, of Cleveland, O.

On motion the papers were accepted and referred to the Committee of Publication.

DR. T. P. WILSON, of Ann Arbor, Mich., expressed his hearty appreciation of the work done in the cause of science and homœopathy in this Institute, by Dr. J. Edwards Smith, and by Prof. M. B. Wood, of Cleveland, and moved that Prof. Wood be elected an Honorary Associate Member of the American Institute of Homœopathy. The motion was unanimously adopted.

A discussion ensued upon the subject of Bacteria, as presented in Dr. Haupt's paper, participated in by several members.

Afternoon Session.—The report of the Bureau of Ophthalmology, Otology, and Laryngology being in order, the chairman, J. A. Campbell, M.D., of Chicago, introduced the following papers:

"Spots before the Eyes," by J. A. Campbell, M.D.

"Can Glaucoma be Treated without Operation," by George S. Norton, M.D., of New York.

"Iritis," by G. C. McDermott, M.D., of Cincinnati.

"Pyæmia from Caries of the Temporal Bone," by J. H. Buffum.

"Deaf Mutism," by F. Park Lewis, M.D., of Buffalo, N. Y.

"Peculiar Diseases of the Naso-pharyngeal Space," by M. T. Runnels, M.D., of Indianapolis, Ind.

The report was referred as usual after being discussed by Drs. Norton, of New York; Lewis, of Buffalo; McGuire, of Detroit; Couch, of Fredonia, N. Y.; Lilienthal, of New York; Vilas and Ludlam, of Chicago; Campbell, of St. Louis, and Morgan, of Philadelphia.

The Bureau of Gynæcology reported through Dr. O. S. RUNNELS, of Indianapolis, chairman. The report embraced papers entitled:

"Pelvic Cellulitis," by O. S. Runnels, M.D.

"Results in Dilatation of the Cervix Uteri," by S. P. Hedges, M.D., of Chicago.

"Coccygodynia and the Operations for Removal of the Coccyx," by S. S. Lungren, M.D., of Toledo, O.

The report was discussed by Drs. Foster, of Chicago; Phillips, of Boston; Morgan, of Philadelphia; Couch, of Fredonia; Hedges, of Chicago; Buck, of Cincinnati, and Runnels, of Indianapolis.

The Censors recommended the election of certain physicians, and the persons named in their recommendation were duly elected.

A letter was received from Calcutta announcing the organization of a new medical school at that place.

Evening Session.—The report of the Committee on Legislation was presented by the chairman, John C. Morgan, M.D., of Philadelphia. The report detailed the efforts made to secure legislation by Congress preventing discrimination by government officials between schools of practice in medical appointments, and urged renewed, intelligent and persistent effort to secure this just recognition of public rights.

The Bureau of Surgery, through its chairman, J. H. McCLELLAND, M.D., of Pittsburgh, reported the following papers on the general subject of Antiseptic Surgery:

"Definition and History of Antiseptic Surgery," by J. H. McClelland, M.D.

"Principles of Antisepsis," by L. H. Willard, M.D., of Allegheny City, Pa.

"Description of the Antiseptic Method," by John E. James, M.D., of Philadelphia, Pa.

"The Antiseptic Method as Modified in Germany," by C. M. Thomas, M.D., of Philadelphia.

"The Antiseptic Method as Modified in Great Britain," by A. S. Everett, M.D., of Denver, Col.

"Distinctive Qualities of Various Antiseptic Agents," by W. L. Jackson, M.D., of Boston, Mass.

"The Best Ligatures and the best Method of Application," by M. O. Terry, M.D.

"The Value and Best Means of Drainage," by N. Schneider, M.D., of Cleveland, O.

"Toxaemic Results following Antiseptic Treatment," by I. T. Talbot, M.D., of Boston, Mass.

"Experience with Iodoform," by H. I. Ostrom, M.D., of New York.

"The Antiseptic Method in Abscesses, Ulcers, and Morbid Growths," by George A. Hall, M.D., of Chicago, Ill.

"The Antiseptic Method in Wounds and Compound Fractures," by D. W. Hartshorn, M.D., of Cincinnati, O.

"The Non-antiseptic Treatment of Wounds," by E. C. Franklin, M.D., of Ann Arbor, Mich.

"The Present Status of Antiseptic Surgery," by W. Tod Helmuth, M.D., of New York.

"Comparative Results of Antiseptic Treatment," by C. E. Walton, M.D., of Hamilton, O.

"Fracture of the Cranium," by William D. Foster, M.D., of Kansas City, Mo.

Adjourned till 9.30 A.M., on Thursday.

THIRD DAY—*Morning Session.*—The Committee on President's Address, Dr. J. P. Dake, chairmain, made a report recommending the adoption of certain suggestions in the address.

1. That the Executive Committee be instructed to consider and report upon a suitable depository for the archives and property of the Institute. Adopted.

2. That the Executive Committee be instructed to report upon the feasibility of having the Transactions printed in four bi-monthly numbers; the first number to include the proceedings of the session, and to be issued within sixty days. Adopted.

3. That no member be placed upon more than one bureau. Adopted.

4. That it shall be the special duty of the Provisional Secretary to make a stenographic report of all debates, keep the

records of general business, and to furnish a copy of the same to the Secretary for publication; and that the compensation for the same and the salary of the General Secretary be adjusted by the President, Vice-President and Treasurer, acting for the Executive Committee. Adopted.

Dr. Bushrod W. James presented certain manuscripts of the late Dr. Robert J. McClatchey, from Mrs. McClatchey, including papers on the subject of the homœopathic pharmacopœia, in the handwriting of Dr. McClatchey and Dr. Carroll Dunham. On motion the manuscripts were accepted and ordered to be placed with the archives of the Institute.

Dr. Pemberton Dudley read a letter from Dr. Charles Mohr, of Philadelphia, chairman of the Committee to Supervise the Preparation of the Article "Homœopathy" in Stoddart's edition of the *Encyclopædia Britannica*, to the effect that the article will not be ready for submission to the committee for some months to come. Report accepted.

After the transaction of other business, the Institute referred for publication the papers of the Bureau of Surgery, and a discussion followed on the subject of antiseptics, drainage, dressings, etc., after accidents and surgical operations, participated in by Drs. Pratt, of Chicago; Franklin, of Ann Arbor; Talbot, of Boston; Porter, of Detroit; Schneider, of Cleveland, Ohio; McClelland, of Pittsburgh; Dake, of Nashville (who made mention of oil of sassafras as an antiseptic agent); Cowl, of New York; Whipple, of Quincy, Illinois; Helmuth, of New York; Buck, of Cincinnati; and Turber, of Toronto, Ontario.

The Board of Censors reported several more applications for membership, and, on the favorable recommendation of the board, the persons named were admitted to the Institute.

The Bureau of Pædology then reported through its chairman, F. H. ORME, M.D., of Atlanta, Ga. The report embraced papers having the following titles:

"Remarks on the General Subject," by F. H. Orme, M.D.

"Tubercular Meningitis and Alimentary Disturbances connected therewith," by S. P. Hedges, M.D., of Chicago, Ill.

"Relations of Psychological Conditions to Alimentary Disorders," by W. A. Edmonds, M.D., of St. Louis, Mo.

"Irritation of Stomach and Bowels from Parasites reflected upon the Nervous System," by L. S. Ordway, M.D., of Hot Springs, Ark.

"Atmospheric Influences Affecting the Nervous System and Alimentary Canal," by A. H. Carville, M.D.

The papers were duly referred, and were discussed by Drs. D. H. Beckwith, of Cleveland; T. C. Duncan, of Chicago, and Dudley, of Philadelphia.

The hour of 12 M. having arrived, an election for officers and the fixing of the time and place of the next meeting came up for action.

On motion, the *time* of meeting was referred for action to the Executive Committee.

Old Point Comfort, Va.; Washington, D. C.; Deer Park, Md., on the B. & O. R. R., one hundred and fifty miles west of Baltimore; Nantasket, near Boston, Mass.; Lake Minnetonka, Minn., were named and their relative merits discussed, and Deer Park was announced as having received the vote of a majority of the convention, and was therefore duly selected as the place of meeting. The election was made unanimous.

The following officers were then elected to serve for the year 1884:

President.—John C. Sanders, M.D., of Cleveland, Ohio.

Vice-President.—Timothy F. Allen, M.D., of New York.

General Secretary.—J. C. Burgher, M.D., of Pittsburgh.

Provisional Secretary.—T. Morris Strong, M.D., of Ward's Island Hospital, New York City.

Treasurer.—E. M. Kellogg, M.D., of New York.

Censors.—F. R. McManus, M.D.; A. R. Wright, M.D.; R. B. Rush, M.D.; D. S. Smith, M.D.; F. H. Orme, M.D.

The report of the Bureau of Pædology was then closed and its papers referred to the Committee of Publication.

The report of the Bureau of Anatomy, Physiology and Pathology was presented by its chairman, WM. OWENS, M.D., of Cincinnati, Ohio. It consisted of papers entitled:

"History of the Nerves of Organic Life and their Comparative Anatomy," by Wm. Owens, M.D.

"Comparative Physiology of the Organic Nerves, and their Relations to Vertebrate Animals," by J. D. Buck, M.D., of Cincinnati.

"The Evidence For or Against the Existence of Trophic Nerves," by C. Vanartsdalen, M.D., of Ashburne, Pa.

The papers were accepted and referred as usual.

This completed the business as laid down in the Executive Committee's programme to Thursday evening. No afternoon session being, therefore, necessary, an adjournment was had until evening.

Evening Session.—The evening session was devoted to a banquet, tendered by the proprietors of the International

Hotel. The spacious dining-room was crowded with the members of the Institute and their lady friends. The banquet was a most enjoyable affair, the viands rich, well prepared and well served. Dr. T. P. Wilson, of Ann Arbor, Mich., acted as toast-master, and the following toasts were offered:

"To the memory of Samuel Hahnemann—all ages shall bless him."

"To the Memory of our Honored Dead," responded to by Geo. B. Peck, M.D., of Providence, R. I.

"The American Institute of Homœopathy—Past, Present, and Future." Bushrod W. James, M.D., President.

"The Physician—Wise, Conservative, and Progressive." John C. Sanders, M.D., of Cleveland, President-Elect.

"The Surgeon." Prof. Wm. Tod Helmuth, M.D., who read a humorous poem, detailing "How he became a Surgeon."

"The College Professor—the only Man in the World who is in Every Sense a Doctor." Reuben Ludlam, M.D., of Chicago.

"Niagara." Rev. K. W. Brown, of Buffalo.

"The New Code against the Old; will Old Bottles hold New Wine?" J. W. Dowling, M.D.

"Homœopathic School of Medicine—Anchored, Drifting, Sailing." J. H. McClelland, M.D.

"The Pulpit, the School, and the Press." Rev. Mr. Rosenmuller, Prof. Monroe, and Mr. Porter.

"The Ladies." P. G. Valentine, M.D.

The banqueters dispersed at a late hour with a song, composed by Prof. Helmuth, to the air, "Auld Lang Syne."

FOURTH DAY—*Morning Session.*—After the selection and announcements of bureau appointments, a motion was offered looking to a return to the plan of holding sectional meetings. The subject, after some discussion, was laid upon the table.

A resolution was offered to prevent other associations from holding meetings in the hotel in which the Institute may be in session and during the hours of the Institute meetings, except with the consent of the Committee of Arrangements. The resolution was amended and then laid on the table.

Some other business was transacted, after which the Bureau of Psychological Medicine reported the following papers:

"Diseases of the Omentum as a Cause of Hypochondriasis," by Selden H. Talcott, M.D., of Middletown, N. Y.

"Oxygen in the Prevention and Cure of Nervous Diseases," by T. L. Brown, M.D., of Binghamton, N. Y.

The Bureau of Sanitary Science submitted papers on General Hygiene, through Dr. D. H. Beckwith, of Cleveland, Ohio, the chairman. The papers were as follows:

"Introductory Paper," by D. H. Beckwith, M.D.

"Hygiene in Travelling," by T. P. Wilson, M.D., Ann Arbor.

"Hygiene in Food and Cooking," by T. S. Verdi, M.D., Washington.

"Hygiene of Manufacturing," by Geo. M. Ockford, M.D., Vincennes, Ind.

"Hygiene of Schools," by B. W. James, M.D., Philadelphia, Pa.

"Hygiene of Plans of Public Assemblage," by E. U. Jones, M.D., of Taunton, Mass.

The report was referred as usual.

The memorial service, in honor of deceased members, was then held, and remarks were made by Dr. Geo. B. Peck, of Providence, R. I., and Dr. Pemberton Dudley, of Philadelphia; the first speaking more particularly in reference to the late Dr. Ira Barrows, and the latter, the late Dr. R. J. McClatchey.

The following resolutions of thanks were adopted:

Resolved, That the thanks of the Institute be tendered to the President for the impartiality, courtesy, and efficiency with which he has presided at and forwarded the business of the session, and also for the delightful entertainment he has provided for the members and their friends.

Also to the proprietors of the International Hotel for the elegant banquet tendered the Institute and for daily courtesies. Also to the local Committee of Arrangements for the thorough and successful manner in which they have performed their delicate and responsible duties.

The Institute then, at 11.30 A.M., adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held on Thursday evening, May 10th, 1883, at the Reading-Rooms, 1009 Arch Street, Dr. W. B. Trites in the chair. Thirty-eight members present.

The minutes of the annual meeting having been read and approved, the President delivered the following

ANNUAL ADDRESS.

FELLOW-MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA COUNTY: For the third time, you have called me to occupy the presidency of the County Medical Society. I thank you for these repeated evidences of your good-will, and hope that I may be able to discharge the duties imposed, and in some degree aid in increasing the size and interest of this body. Its constant growth is a matter for congratulation. Our meetings during the year have been unusually well attended, and the papers and discussions of exceptional merit. Your thanks are due to the Secretary, Dr. Mohr, for the energy with which he has labored to promote the interests of the society. To him more than to any one else belongs the credit of rejuvenating the County Medical Society.

What has been accomplished, during the three years that I have occupied this chair, beyond our regular work of papers and discussions?

In answering this question, allow me to refer to my first inaugural address, delivered May 12th, 1881. I then suggested that homœopathy in Philadelphia should give especial attention to two matters of great importance and absolute necessity to the development of a proper *esprit de corps* among us. These were:

1. That we should demand recognition in the medical service of the city.
2. That an effort should be made to establish a reading-room and library.

Three years have elapsed, and what has been accomplished? We are the guests, to-night, of the Homœopathic Library and Reading-Room Association. It has been established, and its tables and shelves are well stocked with medical books and periodicals.

I do not mean that the suggestion in my address has been the egg whence this institution has sprung. I only wish to show that we are progressing, and that what three years ago seemed a far-off dream is to-day a reality. Every friend of homœopathy should be a member of this corporation. Its existence and support is a standing rebuke to the slanderous charge that we are not progressive. That it will continue to exist and grow, I am certain, for I know the energy and professional pride of those who are most active in its management.

In regard to the recognition of our practice, by appointment to places in our city hospitals and other public positions, the success attained is not so evident. But still like the leaven, hidden in the measure of meal, our discussion of this subject has influenced public thought to a greater extent than we are perhaps aware.

In a recent conversation with a member of the medical staff of the Philadelphia Hospital, he remarked "that if the hospital could be separated from the almshouse, a fair portion of it would and *should* be placed under homœopathic management. This," he said, "we recognize as your right and are not only willing but anxious that you shall have the same." I quote this conversation to show that the "world does move," and that, though our rights are deferred, they are not forgotten.

Quite recently, during an official visit made by me to Blockley, the President of the Board of Guardians said, "that while I am ignorant of the virtues of homœopathy, still I see that your school and its patrons have a right to representation here, and they will be accorded as soon as we can make room for you."

Let us continue to agitate this question, basing our demand on the single plea of right. Comparative statistics or the views of this or that man have nothing to do with the matter. We demand the advantages afforded by hospital service, because as taxpayers, as citizens, as honest, educated physicians, the municipality has no right to exclude us.

I believe that as soon as the almshouse and hospital can be separated, we will be admitted. Hence the importance of this society favoring that separation and aiding in its accomplishment in every possible way. For sanitary reasons, it is manifestly improper to keep the sick and the poor of a great city like this in one institution. Our citizens dread the thought of becoming inmates of a poor-house (and who but honors the sentiment), and this dread keeps many an invalid from the advantages to be derived from hospital treatment. If he goes to Blockley, he goes as a pauper, he must dress in the garb of a pauper, and be classed as a stipendiary of the city's charity. This should not be. Philadelphia should provide a hospital for her sick poor, where treatment can be received, and the recipient not made to feel that he is a pauper.

I think this showing should cause us to feel encouraged. To be sure much remains to be done, but we must remember that battles like the one in which we are engaged are not won in

a day. Persistency is the watchword that shall open all doors to homœopathy.

I would call the attention of the society to the resolution advising the examination of persons proposing to begin the study of medicine. It is a question of vital importance. Only those who are qualified by a good preliminary education should be admitted as students to your offices. The old school is taking advanced ground in this matter, and it is our duty, both to ourselves and the public, to establish this "censorship at the gateway of the profession."

I hope the society will at an early day pass upon the resolution, and have the good work inaugurated. Should such a censorship be established, it would possibly fall to the lot of the Committee on Organization, Medical Education, Statistics, and Legislation to conduct examinations. I have, therefore, selected as the committee the names of gentlemen, who are not connected with the college, and whose professional standing is such as will give their verdict weight.

The committee will consist of John K. Lee, M.D., Chairman; S. Hastings Brown, M.D.; E. M. Gramm, M.D.; C. F. Goodno, M.D., and E. Boyleston Jackson, M.D.

We have had for many years a Committee on Prevailing Diseases, but I do not recollect ever to have heard a report from them. Surely we have had prevailing diseases, epidemics even have existed, but the committee has not informed us of the fact.

In appointing a new committee I wish to impress upon them the fact, that reports will be expected from them; such reports will be of interest to the society and of benefit to its members. The committee will consist of W. A. D. Pierce, M.D., chairman; J. B. S. Egge, M.D.; H. F. Ivins, M.D.; O. S. Haines, M.D.; J. W. Thatcher, M.D.

In September the State Society is to assemble in Philadelphia, the guests of this Society. We desire that the occasion shall in every way reflect credit on homœopathy.

The most certain way to insure a good meeting is for every member of the society to attend regularly the sessions of the State Society; to prepare short, practical papers for submission; to look over the list of papers, which will be furnished by Dr. Caruthers, and those topics in which you have had experience, and thus be enabled to learnedly discuss them.

The Committee on Entertainment will see that every creature comfort is provided for our guests. Let the County Society be a

committee of the whole to see that the practical and scientific departments shall be equally as well furnished. We should have at least one hundred names from Philadelphia to propose for membership. If gentlemen will but consider the importance, both to themselves and their brethren, of a large State Association, the names will be forthcoming and the heart of Mr. Secretary Caruthers will be made to rejoice.

During the coming year attention should be given to the encouragement of original research in any of the departments of medicine. Thorough study of drugs should be undertaken. Every effort should be used to foster discussions at our meetings. I call the attention of the chairmen of bureaus to the interesting discussion following the report of the Bureau of Clinical Medicine.

It was brought about by the chairman selecting a single topic for discussion and announcing it a month in advance.

It would be well for chairmen to select two or three persons to open each discussion, those selected confining themselves to five-minute speeches. I believe this would add greatly to the interest of our meetings, and would lead the discussions into the most practical channels, instead of being widened out so greatly as often to neglect the subject under consideration *in toto*.

Death has been unusually busy in our ranks during the year. Some of our noblest names have been shrouded by his pall. I feel it my duty to bring their names to your memory, not confining myself to the roll of our society, but mentioning all of our profession who have died in Philadelphia.

Thomas Moore, of Germantown, an educated gentleman and an accomplished physician, died March 29th, 1882.

Prof. Robert J. McClatchey, one of the founders of this society, for many years its secretary and for two terms its president, died January 15th, 1883.

Dr. G. W. Malin, a distinguished physician, died at his residence in Germantown, January 18th, 1883, at the advanced age of eighty years.

Dr. Adolphus H. Ashton died on the 17th of February. For seventeen years he had been the treasurer of the County Society. He was a man of sterling worth, but of such modest demeanor that only his intimate friends knew his full value.

Dr. Edwin R. Thomas, of Germantown, also died in February. He had but recently graduated and would have been an ornament to the profession had his life been spared.

Dr. Richard Lewis, of Frankford, died April 13th, 1883.

For many years he had been an active practitioner of medicine in the twenty-third ward, and was instrumental in the organization of the Medical Society of that ward.

Again I thank you for the honor of re-election. I hope the year to come shall see the County Society increasing both in numbers and usefulness, and homœopathy granted the right and privileges which, we feel, belong to her and her adherents.

The society tendered a vote of thanks to the President for his address, and its suggestions were referred to the Standing Committee on Organization, etc., with request to carry them out.

Dr. A. R. Thomas, chairman, reported that the censors had audited the accounts of Dr. R. C. Allen, the treasurer, and had found them correct as per report submitted at the annual meeting. The censors also reported favorably on the applications for membership by Drs. S. H. Quint, E. Everett Davis, and Louis P. Posey, and thereupon these gentlemen were duly elected to membership.

Dr. W. C. Goodno, chairman, announced that the Bureau of Anatomy, Physiology and Pathology would present for discussion at the June meeting, the subject of *THE BACILLUS OF TUBERCLE*.

The President appointed the following Committee on Entertainment of the State Society in September next, viz., Drs. P. Dudley, J. C. Guernsey, C. Mohr, J. K. Lee, B. F. Betts, W. C. Goodno, I. G. Smedley, H. J. Sartain, Eliza Lang, and Mary Branson. On motion of Dr. Dudley, the President was appointed chairman of the committee.

Complaints having been made, that the rooms of the library were not large enough to accommodate the meetings of the society, it was resolved to refer the question of meeting at the College again, or at some other more suitable place, to a committee of three, consisting of the President, the Secretary, and Dr. B. W. James, with power to act.

The Bureau of Sanitary Science, Climatology and Hygiene, Dr. P. Dudley, chairman, then submitted a report embracing the following papers:

a. Construction of Soil and Drain Pipes, by Dr. J. Sperry Thomas.

b. The Kensington Water Supply, by Dr. W. W. Van Baun.

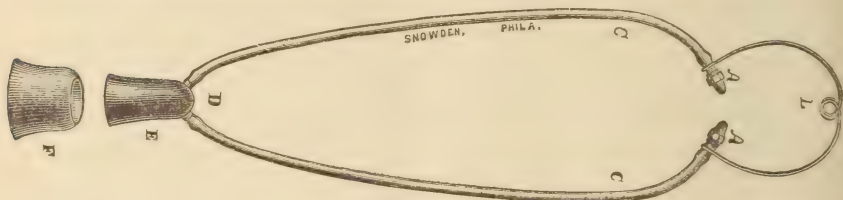
c. The Sanitary Arrangements of the Children's Homœopathic Hospital of Philadelphia, by Dr. B. W. James.

The report was accepted, and the papers referred for publication. A discussion ensued, in which Mr. Brock, Sanitary Plumber, by invitation, took part.

The President appointed Dr. J. Sperry Thomas chairman of the Bureau of Sanitary Science for the ensuing year.
Adjourned.

DR. A. KORNDØRFER'S PERFECTED BINAURAL STETHOSCOPE.

THIS instrument is composed of a metal bell (E), with a soft-rubber cap (F), two flexible rubber tubes (C C) attached to the upper portion of the bell by two metal tubes at (D), two ear-pieces (A A), of hard wood, provided with soft-rubber rings, the whole completed by a wire spring (B), so arranged as to retain the ear-pieces firmly in position when in use. The advantages claimed for this instrument are its simplicity, together with the perfection and accuracy of its acoustics.



Attention is especially called to the following :

1st. The construction of the bell, the dome of which merges into the two tubes at D. By this arrangement the sounds are transmitted with equal clearness to each ear.

2d. The rubber tubes are free from all woollen or silk coverings, thus avoiding all friction-sounds arising from this source.

3d. The ear-pieces are provided with soft-rubber pads, which effectually exclude all extraneous sounds.

4th. The manner of applying the spring pressure to the ear-pieces.

5th. The ready adaptability of the instrument to all positions of both the patient and physician, thus securing the comfort and convenience of both.

THE PRELIMINARY MEETING OF THE INSTITUTE, on Monday evening, was in the form of a reception tendered by the President, Dr. Bushrod W. James. The programme of the entertainment included a song composed by Professor Helmuth at Dr. James's request, but the quartette of vocalists who were expected to render it did not arrive in time, and the song was therefore postponed until the evening of the banquet, at which time it was sung with spirit by the whole assemblage.

1883.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., July, 1883.

No. 7.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, of which a condensed report will be found in our pages, will probably be regarded as one of the most satisfactory in its history. The attendance was large, the interest in the proceedings was sufficient to hold the members together, notwithstanding outside attractions, the papers were certainly above the average in respect to their quality, the discussions were at least as good as usual, and there was far less cause for annoyance from the crowding out of Bureau reports than at any session we ever attended. In addition to these results of good management by the executive officers, the routine business, committee reports, etc., were so arranged that their consideration was accomplished almost without perceptible loss of time, and thus the great bulk of the session was given over to the reading of papers and to scientific discussion.

Most of the papers read were of a practical nature and elicited useful discussion. The papers relating to *Materia Medica* and to *Pharmacology*, resulted, or rather *will* result, in positive progress towards the securing of an improved pres-

entation of our drug pathogenesis, and more reliable preparations of the drugs themselves. We shall have occasion to speak especially on one or both of these subjects hereafter.

Near the close of the session a resolution was introduced, designed to prevent hasty legislation by the Institute upon subjects radically affecting its doctrines or policy. It is just possible that the resolution was suggested by the terrible "personal liberty resolution" of last year. Whether it was or not, its object is a good one and secured the evident approval of the Institute. It was laid over under the rules for final action next year. Almost immediately afterwards, another resolution was offered intended to prevent other medical societies from holding meetings in rooms contiguous to those occupied by the Institute and during the hours of the Institute sessions. This resolution was carefully amended in two or three particulars and was then *laid on the table*—the most "hasty" and unconsidered legislation the society has indulged in for years. It seems that few, except the most steady and clear-headed men, have power to resist the demoralizing influence of a motion to "lay on the table," especially after a season of debate, or of careful consideration of the question before them. The motion furnishes a short and easy way to escape a little work, and men eagerly avail themselves of its facilities. It had been known that an outside organization of physicians had held its sessions in an adjoining room, and had attracted, or sought to attract, members from the Institute's meetings at a time when the latter body was considering the most vital question of the whole session—the most important topic that can now engage the attention of homœopathic physicians—the revision of the homœopathic *Materia Medica*. Moreover it had just been publicly declared in the Institute by one of the members of that outside body, that a portion of his fellow-members were ready and anxious to effect a schism in the Institute, and that if they were prevented from holding meetings in opposition to those of the rightful body, there was danger that all the members of the International Hahnemannian Association would secede from the Institute. In other words, if the I. H. A., could not be permitted to antagonize the meetings and the work of the American Institute year after year, it would get mad and do dreadful things. And so the Institute bravely laid its resolution on the table; probably not altogether because it was badly scared at the threat, but partly because it was unwilling to take the time and make the mental effort necessary to frame a law which would

secure the object it had in view, and defend the rights its own money had paid for.

Quite a large number of new members were received, so that the total list of names now reaches nearly one thousand. It is proper to say that before the members finally dispersed to their homes a large amount of preparatory work was done, looking to the success of next year's meeting at Deer Park, Md.

PEACE.—A few years ago the editors of the *New York Medical Times* dropped from the title of their journal the distinctive word "Homœopathic;" now they boldly urge the renunciation of the word as applied to our school of medicine.

If we are emancipated from the thrall of *sect*, we shall not only save our school from imminent dissolution, but shall also become an integral part of the medical profession of the day, honored as true, broad, liberal, progressive physicians.

But if we cling to a name which by no means represents the catholicity and spirit of the new school, we are doomed to annihilation; and more, we become the common enemy of all allopaths and also of all progressive homœopaths.

The neutral ground upon which a lasting truce is to be consummated, is the common acceptance of the dual action of drugs. No one denies that Ipecac in one dose will vomit, and in another will allay vomiting; therefore no one will contend with another if only this plain truth is adopted as the universal motto of the medical profession.

Oh! sweet, enduring peace, how enticing are thy proffers. The banished may return to the halls of the learned; the enemy's frown is converted into a joyous smile, and with outstretched arms he welcomes our penitent return. Hospitals and public institutions, long barred against our professional entrance, are flung wide open to us. Army and Navy appointments, formerly unattainable or at best secured surreptitiously, are now open to our competition. Allopaths may display their parvules with impunity and homœopa—pardon the lapsus calami, we are so used to the dear old word,—the others may continue their accustomed sugar pills; provided, neither cork, label nor pharmacy bears the superannuated innovation of Hahnemann, *homœopathic*.

Once upon a time a respectable "regular" was excommunicated for sweetening his little patients with *blank* pills, purchased from a homœopathic pharmacy, in New York. So, parenthetically, we warn all hom—penitents, we mean—

never to buy another pill from Boericke & Tafel, Smith, etc., etc., until these pharmacists comply with the terms of the truce.

Alumni of homœopathic colleges, from the oldest in Philadelphia to the youngest in the far West, erase the fatal adjective from your respective diplomas and petition the several legislatures to continue your prerogatives as simple—simply, as we should say—physicians.

Members of college faculties, be not crestfallen because your occupations are gone. Your learned foster-brothers are so much wiser than you that they should be permitted to usurp your places. If, however, your lust for office burns too ardently, assuage the dangerous flame with the sweet consolation: you have secured everlasting peace.

Members of the AMERICAN INSTITUTE OF HOMŒOPATHY, disband at once. Let your trashy literature form, with Hahnemann's writings, the funeral pile of our school. "With bated breath and bended knee" confess your sins and receive the promised absolution. The American Medical Association will surely grant your prayer; for avowedly it was born to crush homœopathy, and, with your kind assistance, its high mission has been fulfilled. And peace reigns over all.

UNITY.—"The days of sect in our profession are numbered; the spirit of the age calls for unity . . . that unity which unites men upon a single platform and beneath one flag, whose opinions upon minor points differ, each preferring his separate work, but all, like the members of the human body, united in a harmonious whole."—(*New York Medical Times*.)

The single platform is "that great principle, the dual action of drugs." As a platform this is very narrow, scarcely wider than a fence-rail. Wouldn't twenty thousand doctors cut a pretty figure walking it! And accidents would occur, too. Many are very tottering believers, and the first obstacle they met, they would tumble off into one or another of the old allopathic pitfalls. Suppose two were to meet in consultation, and they should begin to wrangle over the propriety of a big opiate to put to sleep, or a little opiate to soothe the nerves; it would be the death of them, and of the patient, too.

"United, like the human body, into one harmonious whole"! Did any of our readers ever see a *bona fide* case of chorea?

Notes and Comments.

THE AMERICAN MEDICAL ASSOCIATION.—A shifting, purposeless, illy-organized monster, with a floating membership of undifferentiated, medical protoplasm. That is what the *New York Medical Record* calls it.

A THOUGHTFUL MOTTO.—In front of Independence Hall is a temperance society drinking-fountain with the motto, "Give us water that we may drink." It is a perpetual prayer for deliverance from Schuylkill mud and Manayunk sewage. And all the people are saying, Amen!

THE ALLOPATHIC SCHISM is making steady progress. At the recent meeting of the American Surgical Association, held at Cincinnati, Ohio, May 31st to June 2d, the secretary was instructed to ascertain which members were opposed to the Code of Ethics of the American Medical Association, and to request their resignation.

WHISTLING.—At the recent meeting of the American Medical Association each member was requested to sign a paper re-affirming his adhesion to the Constitution and By-Laws of the Association and to its Code of Ethics. Most of the members acquiesced, though a few declined. The world, however, did not miss a single revolution.

MEDICAL PRACTICE IN TRIPOLI.—An American physician has been forbidden to practice his profession in Tripoli because he was not provided with a Turkish diploma. General Wallace, the American Minister, had the physician visit Constantinople, pass the examination, take the diploma, and return to Tripoli. He then addressed a note to the Porte, demanding an apology for the treatment the physician was subjected to, because hundreds of native doctors are permitted to practice without diplomas.

ERRATA.—In the June number of the *HAHNEMANNIAN* the following errors should be corrected: On page 327, "have," line 2, should be "had;" "prominent," line 3, should be, "dominant;" and "investigation," line 13, should be "investigator." On page 335, "affected," line 22, should be "effected." By "not qualified," line 18, the author of the article means not theoretically qualified. His meaning is clear enough if the context is considered.

MEN WITH TAILS.—It is announced that the muleteers connected with an Argentine yerba establishment, in the Paraguayan missions, in the district called Tucuru-Zuyu, have captured a boy belonging to a tribe of Guayacuyes Indians, who proved to be possessed of a caudal appendage some seven or eight inches long. The boy is very ugly, but his body is not covered with hair. A brother, in possession of Colonel Rudecina Roca, has also a tail, and it is said that all the tribe are similarly adorned. [It is, probably, a desperate effort of nature to elevate man by evolution to the level of the baboon. If flies prevail in that region, it is surely a "survival of the fittest."—Eds. H. M.]

SOUND DOCTRINE.—We take it that there is too universal a belief in the homœopathic law, too general a use of it in the practice of homœopathic physicians, too sure a knowledge that the only way to propagate a truth distasteful to its opponents is by fighting with a banner, too honest a faith that, when homœopathy has been fully developed and simplified, an ordinary man will seldom need to go to any other resource, for us just now to forsake the name which is compelling the world to listen to the truths of scientific therapeutics. Not, we think, till this war is over, will the homœopathist be ready to give up that by which he is known, and for which the world respects him.—*The Homœopathic Leader*.

New Publications.

THE MICROSCOPE AND ITS REVELATIONS. In two volumes. By Wm. B. Carpenter, C.B., M.D., LL.D. Sixth Edition. Being the April and May issues of *Wood's Library* for 1883.

The name of the author of these books, and the fact that they have reached their sixth edition, are evidence that they will be acceptable to the profession.

The two volumes contain, in addition to the reading matter, a total of twenty-six plates and five hundred wood engravings. Some of these are commonplace, but others are exquisitely beautiful, figuring the wonderful structures of numerous microscopic forms.

The introductory chapter on the optical principles of the microscope is replete with practical observations of inestimable value to all, but especially to beginners. F.

A TREATISE ON THERAPEUTICS, COMPRISING MATERIA MEDICA AND TOXICOLOGY, with Especial Reference to the Application of the Physiological Action of Drugs to Clinical Medicine. By H. C. Wood, M.D. Fifth Edition. Published by J. B. Lippincott & Co., Philadelphia, 1883.

This book treats more or less fully of a large number of drugs, arranged, according to properties, into classes and sub-classes.

The uniform plan adopted is to give first the name, origin, and composition of a remedy, then its physiological action, toxicology, if it is a poison, its therapeutic uses, and finally its mode of administration.

That such a work is popular is proved by the fact that it has reached its fifth edition in eight years.

Compared with Bartholow's excellent work, it is fuller and more descriptive, suited to a systematic study of *Materia Medica*; while the latter is terse, definite, and admirably adapted for ready reference.

As a work, serviceable in acquiring an accurate knowledge of the physiological effects of drugs, it is most excellent. Especially to be recommended are the articles on Strychnia, Ether, Alcohol, Atropia, Veratrum viride, Opium and its alkaloids, and Digitalis.

We differ with the author, however, in a few of his deductions,—in the action of Gelsemium on the eye, in the cause of the disappearance of semi-lateral sweat after the use of Jaborandi, etc.

Dr. Wood claims in his preface that his book contains "the best therapeutic thoughts of the day." Few even of his allopathic readers will agree with this sweeping self-commendation. There are many "best thoughts" which, for one cause or another, Dr. Wood has neglected to utilize, and herein his work depreciates when compared with such of his contemporaries as Bartholow, Ringer, and especially Phillips. In one or another of the books of these last-named writers can be found valuable testimony concerning Pulsatilla, Rhus tox., Bryonia, Duboisia, and many other remedies,

all of which Dr. Wood chooses to ostracise. Iris, which Phillips calls invaluable, *Cimicifuga*, which Ringer, and also Simpson, praise in complaints of women, are slighted, the one being utterly ignored, the other merely referred to as a remedy in rheumatism.

The meagre presentation of *Arnica* contrasts unfavorably with the elaborate description of Phillips. Both the latter author and Bartholow refer to Trimethylamine as an important constituent of *Arnica*; Wood does not mention this either to confirm it or to deny it.

To the homœopathist, though Dr. Wood's articles on the physiological effects of drugs will be very instructive, they will, nevertheless, be found lacking in that fine analysis so essential to precision in prescribing. Bent on pathological exactness, the doctor looks too much to hard-lined facts, neglecting details. Take, for instance, Silver [which, by the way, is erroneously indexed for page 47 instead of 48]. Many facts are recorded, but the nice experiments of Dr. Krahmer (allopath), portraying the sequence of Silver-effects,—the neuralgias, gastric symptoms, cardiac phenomena, etc.,—are omitted; yet such a detailed proving is worth more than all that Dr. Wood has recorded in half a dozen pages. But just here we come to the border line between the two schools. For the crude physiological experiments of the old school substitute the nicer methods of the new, and the necessity for an inversion of allopathic modes of prescribing becomes so self-evident, that the investigator is forced to admit the truth of the law of similars. He becomes a homœopathist. Dr. Wood's book has inadvertently been the means of several such conversions. May this part of its mission continue to prosper. Thus moved, we urge our colleagues to purchase and recommend it wherever they can. F.

Gleanings.

PTOMAINS IN FORENSIC MEDICINE.—We clip the following extracts from Dr. Clifford Mitchell's paper on this subject in the April number of the *American Observer*. Under the heading of History and Properties, the writer says: "June 23d, 1882, Edward Martine was brought before the Court of Assizes at Epinal, charged with the murder of his niece, a woman of 24 years. Analysis of the viscera by Garnier and Schlagdenhauffen resulted in the isolation of a considerable amount (cgr. 85) of a perfectly crystallized substance presenting all the physical, chemical, and physiological properties of strychnine; and, inasmuch as absorption of the poison was proved by its presence in the brain, the two experts were forced to conclude that it was a case of poisoning by that alkaloid.

"About ten years ago, Gautier and Selmi discovered simultaneously that the putrefaction of dead bodies gives rise to a small quantity of special alkaloids, cadaveric alkaloids, ptomains of Selmi. This being so, we can conceive that the presence of these poisons of animal origin in a medico-legal case is likely to complicate medical researches. In the case mentioned above—that of Martine—the defence, using its right, brought in an expert to turn against Gautier and his colleague the points on ptomains which they were able to extract in evidence from the latter chemist. . . .

"Ptomains are substances, generally amorphous, oxygenated or non-oxy-

genated, fixed or volatile, alkaline in nature, forming crystallizable salts with acids, and behaving in their general properties like vegetable alkaloids; like the latter, they precipitate certain special reagents; like the latter, they exercise, especially when free, a general toxic action upon the animal economy, with manifestation of certain symptoms, among which the following predominate: *dilatation of the pupil followed by contraction, sometimes convulsions, often followed by muscular flaccidness, slowing of the heart's action, loss of cutaneous sensibility, and muscular contractility* even under electric excitation, which is produced by no vegetable poison except muscarine. They differ from vegetable alkaloids, and certain natural toxic substances, by instantaneous reduction of red prussiate, with production of Prussian blue after addition of ferric chloride; but this reaction is not absolutely peculiar to them, since certain alkaloids, namely, morphine, veratrine, apomorphine, hyoscyamine, and muscarine, give the same result; however, in the absence of the above-mentioned poisons, the preceding reaction studied by Brouardel and Boutmy retains its practical value.

"The name of ptomain, which has been given to these substances by Selmi, has its origin in the fact that most of them are volatile, or of great alterability, especially in contact with the air, which disengages from them various odors, in character urinous, cadaveric, or virulent, but more especially under the influence of acid reagents, which develop on the other hand very agreeable odors in them, suggesting orange flower, musk, and white thorn.

"These ptomains are produced in the putrefaction of organic nitrogenous matters, and should, in consequence, appear in dead bodies more or less rapidly after death, according to external influences. These alkaloids were first discovered in dead bodies, but Pouchet, Gautier, and Etard have shown that they exist in small amounts in the various fluids and humors of the normal economy, as in the urine, blood, bile, saliva, juice of the muscles, etc., and Gautier believes that their presence is due either to insufficient elimination of those principles considered necessary waste-products of the living cellules, or to an exaggeration in their formation, becoming at times pathological, the appearance of certain functional troubles, as for example, the eclampsiform symptoms of uræmia. He has also had a glimpse at the very intimate ties of relationship between these poisons and the toxic principles of poisons secreted by several species of animals, serpents, and others, or those of poisonous mushrooms, especially muscarine, which, among other ways, has been obtained by the oxidation of the neurine of the yolk of an egg, isomeric with the neurine of nervous tissue, and with the choline of the bile. In the numerous works relative to ptomains no mention is made of the quantity of animal poison produced by a known amount of putrefying animal matter; as far as we can ascertain, however, this amount is infinitesimal relatively. From various experiments it would appear that there are several ptomains; Garnier holds that they have not been sufficiently studied to enable us to differentiate with certainty between a particular ptomain and another product found under different circumstances.

"Cadaverous alkaloids differ from all vegetable poisons, save morphine, veratrine, apomorphine, hyoscyamine, and muscarine, in that they reduce ferrocyanide of potassium—a fact testified to by Dr. Stevenson in the celebrated Lamson case; hence the ptomains had no bearing on that case, as *Aconitine* was the poison found. Garnier differs from Stevenson, however, in including apomorphine, hyoscyamine, and muscarine,—the latter physician mentioning morphine and veratrine only. If, then, the murderer uses (i.) *large doses* of either morphine, veratrine, apomorphine, hyoscyamine, or muscarine, or (ii.) *large and moderate doses* of any vegetable poison, other than the five above mentioned, he will be beyond all help from ptomains; and provided the chemists be of ordinary intelligence and skill the poison will be detected. If the body be examined soon after death, it

matters little what poison is used, as ptomains do not figure to any extent until after putrefaction has set in, and the poison is sure to be detected.

"There remains, however, one possible case for astute lawyers to make the most of, namely, that where, through a combination of circumstances, an exceedingly small amount of poison, to the action of which the victim has been peculiarly susceptible, has been cunningly administered by a murderer having more than ordinary intelligence and knowledge of the subject, and where also it happens that the body has not been exhumed and examined until an advanced stage of putrefaction has set in. In such a case, no matter what be the vegetable poison, the ptomain or ptomains are necessarily commingled with it. The prosecution here has only the very cold consolation of knowing that ptomains mask vegetable alkaloid reactions; hence, there may be a poison there, after all, for all the chemists know about it! *Yet the presence of such a poison cannot as yet be proved.* This is a case, then, where chemical testimony is likely to be of little value in convicting the murderer."

THE DISINFECTION OF TUBERCLE.—Fragments of tubercular pulmonary tissue, removed from the body of a man who had died of phthisis, were thoroughly mixed with distilled water, and fifty centigrammes of the filtered liquid were injected into the peritoneal cavity of a guinea-pig. No inflammation followed, but in a few weeks the animal began to lose flesh, and died at the end of the fourth month. Liver, spleen, and lungs were full of granulations and gray masses, transmissible by inoculation. It was this secondary tubercular substance which supplied the material for the inoculation experiments. With distilled water an infusion of caseous fragments of the organs was made, and a sheet of filtering paper was saturated with the liquid and then allowed to dry. It was then cut up in strips of the same width, each of which would yield to a small quantity of water a similar dose of the virus. Preliminary experiments showed that the inoculation of this produced tubercle with certainty. Some strips of the paper were exposed to the action of various disinfectants. In a chamber fifty cubic meters in area strips were exposed to the fumes of sulphur for twenty-four hours. The results showed that it was necessary to burn twenty grammes of sulphur to render the virus innocuous. When the quantity burned was less than twenty grammes the animals usually died tuberculous. Boiling water invariably caused immunity, as did also corrosive sublimate in a solution of one per thousand. M. Vailin concludes that it would be well to purify annually by sulphurous fumigation all prisons, barracks, hospitals, and schools.—*Medical and Surgical Reporter.*

GALVANIC TREATMENT OF LOCOMOTOR ATAXIA.—Dr. W. B. Nefel has published a series of cases treated by his electrical method. The ascending constant current is applied to the spine; first stabile, then labile. The earliest stages should be treated for months. Contrary to the normal condition, the excitability of the sensory fibres is increased by the anode instead of by the cathode. In the course of treatment normal reaction may return with the diminution of pains and of the ataxia. Should this observation be confirmed, this peculiar electrical reaction may become important in differential diagnosis.—*Surgical Reporter.*

EFFECTS OF AGENTS INTRODUCED INTO THE EAR.—Brown-Séquard announced not long ago that the introduction of a few drops of chloroform into a guinea-pig's ear causes death by meningo-encephalitis. Vulpian has more recently shown that the introduction of hydrate of chloral into a rabbit's ear causes extensive muco-purulent bronchial effusion, lasting for several hours, which may cause death. Small doses, which do not give serious symptoms at the time, are sometimes followed by vertigo, lasting for a month or more. The application of these facts to the local treatment of earache

or neuralgia by instillation of chloroform, ether, creasote, etc., is very evident.—*Acad. des Sciences.*

A NEW (?) TREATMENT OF STYES.—For hordeolum Dr. David Webster has used Calcium sulphide, Hepar., a granule (gr. $\frac{1}{8}$) each, each hour until ten have been taken, repeated daily with marked benefit. . . .

NOCTURNAL ENURESIS TREATED BY THE VOLTAIC ALTERNATIVES.—Dr. Althaus applied the middle-sized circular cathode over the region of the bladder, and the large, oblong anode (five inches by two) to the lumbar portion of the spine. The current strength, 2.50 milli-ampère, for five minutes at a time. As, after a few such applications, no material benefit appeared to have been gained, he added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy made an apparently uninterrupted recovery.—*British Medical Journal.*

CLINICAL STUDIES OF INEBRIETY.—In New York State, in one year, over fifty thousand convictions for inebriety are recorded, and so on in like proportion in all cities and States in the Union. Inebriety, pauperism, insanity, and crime are steadily increasing. The demand for jails, almshouses, and hospitals for the insane, is greater now than ever before. Such institutions are crowded. The fact is startling that from ninety-eight to one hundred per cent. of all inebriates committed are, sooner or later, re-committed for the same offence. Finally, they become unmanageable, and are sent either to hospitals for the insane, or die in the poorhouse.—*Medical Reporter.*

DR. A. R. SANSOM, of the London Hospital, in the course of one of the Lettsomian lectures, said, that in place of defibrinated ox blood, as a nutrient enema, he preferred using equal parts of warm milk and cod liver oil, finding that anæmia can be the more readily overcome by such supplementary alimentation.

TARENTULA CUBENSIS IN DIPHTHERITIC FEVER, ETC.—Dr. Samuel Freedley, of Philadelphia, who, by the way, is the oldest living American graduate in medicine, having taken his degree at the University of Pennsylvania, in 1821, writes thus to Boericke & Tafel's *Bulletin*:

"All homœopathic physicians are well aware that 'Aconite' will cure an acute inflammatory fever in a very short time, say in eight or ten hours, but that it is of no avail in diphtheria.

"*Tarentula cubensis*, I have found, will cure diphtheritic fever in its highest forms, with delirium, in about the same time that the former remedy cures acute fever, and, if given at the proper time, rarely wants any other medicine to perfect the cure.

"Some time ago I was suffering with a bony tumor on the tibia, a few inches above the ankle-joint, which grew in size for a few weeks, and then broke out into an ulcer, and the inflammation spread a very great distance. I believed it to be a case of osteo-sarcoma, and not a local disease; consequently I applied the very mildest dressing to the sore that could be made.

"This sore remained open for over two years. When I read Dr. Navarro's letter in the *Bulletin*, I considered that his case was the same kind of inflammation that I had in my leg. I obtained some 'Tarentula Cubensis,' and took a dose twice a day, morning and evening, and soon after the inflammation disappeared rapidly, and in less than three months the ulcer was entirely cured.

"I have also tried it in scirrhus tumors in the breast, and have been quite satisfied with its effect.

"Respectfully yours,

"SAMUEL FREEDLEY, M.D.

"PHILA., February 14th, 1883."

News, Etc.

YOUNG HOSPITAL WORKERS.—Under the direction of Mrs. Dr. J. Sperry Thomas a number of young people gave a Juvenile Musical and Literary Entertainment at Spring Garden Institute Hall on Wednesday evening, May 16th, at which time, besides furnishing an evening's enjoyment for their friends, these young people netted the handsome sum of \$146.56 for the benefit of the Children's Homœopathic Hospital of Philadelphia.

THE HOMŒOPATHIC MEDICAL SOCIETY OF COLORADO held its annual meeting in the Masonic Hall, Colorado Springs, May 23d and 24th. Several important papers were read and discussed, and the following officers were elected for the ensuing year: President, W. R. Owen, M.D., of Pueblo; Vice-Presidents, J. M. Walker, M.D., Pueblo; E. M. Vail, M.D., Greeley; Secretary, G. W. Lawrence, M.D., Colorado Springs; Treasurer, C. N. Hart, M.D., Denver. The next annual session will be held at Denver.

HOMŒOPATHIC PHARMACY IN PITTSBURGH, PA.—Upon the unanimous request of the Allegheny County Homœopathic Medical Society, Messrs. Bœricke & Tafel have determined to establish a branch of their pharmaceutical business in Pittsburgh. The new enterprise will be under the charge of Mr. Schaffer, heretofore the very efficient, courteous, and genial head of the Girard Avenue pharmacy in Philadelphia. The homœopathic profession in this city will regret to part with Mr. Schaffer, with whom they have so long enjoyed business relations, and who has always had their highest confidence. Our Pittsburgh brethren will soon discover and appreciate his good qualities, and we predict for him a large share of business prosperity in his new home. He carries with him the best wishes of a host of friends.

NEW HOMŒOPATHIC JOURNALS.—Two new journals have made their appearance among us: The *Homœopathic Leader*, of New York, edited by Walter Y. Cowl, M.D., and associates; published monthly at 36 West Twenty-first Street, New York; subscription price, four dollars per annum; and the *Medical Era*, published in Chicago. We saw the latter journal at the Institute Meeting, but were not fortunate enough to secure a copy. The *Leader*—may it prove to be well-named—looks quite like the *HAHNEMANNIAN* inside; has good clear type, fine white paper, and presents in all respects a neat and attractive appearance. It contains articles by Drs. Helmut, Doughty, Butler, Leal, Deady, Blodgett, Blackman, Stearns, McDowell, and the editor. If the first number is a sample of what is to follow, the new journal ought to have the hearty support of the profession everywhere. Let us remember that the production of a good live journal requires not brains only, but money, too. We hope to speak more particularly of the *Medical Era* next month.

EXCLUSION OF WOMEN FROM HOMŒOPATHIC MEDICAL COLLEGES.—The Homœopathic Medical College of Missouri gives notice that it will receive no more women matriculates. In the annual announcement the college gives no official explanation of its course. The Chicago Homœopathic College has also decided to admit no more women to its courses of lectures. This latter institution states in its announcement that "the Faculty has not the slightest feeling of antagonism towards women as practitioners of medicine, but believes fully in the aptitude of women for the study and practice of the medical art. In taking the present action the Faculty was careful to protect all the women it has graduated in all of their rights and privileges, and will always be glad to welcome back the college alumni to their old home, irrespective of sex." The Faculty then states, as the cause of the exclusion of women from the college, the fact that "its women students, in order to avail themselves of the material advantages (of the Cook County

Hospital) were obliged to come in contact with from five hundred to seven hundred students from other colleges, whose students are exclusively males, thus placing them in an embarrassing position, which seriously detracted from the pleasure and profit which otherwise they might derive from attendance. Furthermore, there was not a single homœopathic college in the West to which the two sexes were not admitted on an equality; and, as a consequence of this, many Western students passed by Western colleges and went East for instruction, where they could pursue their studies untrammelled and unembarrassed by the presence of the opposite sex."

THE ENCYCLOPEDIA BRITANNICA ON HAHNEMANN.—Under the article "Medicine," in Vol. XV. of the Encyclopedia, Dr. Payne says of Hahnemann: "While thus rejecting all the lessons of morbid anatomy and pathology, he put forward views respecting the causes of disease which hardly bear to be seriously stated. All chronic maladies result either from three diseases—psora, syphilis, or sycosis—or else are maladies produced by medicines." (*Organon*, § 77.)

Hahnemann chose to distinguish between chronic and protracted diseases. But he did not reject all the lessons of pathology, as is clearly shown from the very theories that Dr. Payne quotes, the theories of psora, syphilis, etc. All he did was to put pathology in its proper relation to therapeutics.

REMOVALS.—Dr. F. V. Cleckley, from Montgomery to Selma, Ala.

Dr. George W. Smith, from 1302 Spruce Street, to 1320 Walnut Street, Philadelphia.

Dr. E. S. Sharpless, from 926 to 901 North Eighth Street, Philadelphia.

Dr. F. H. Boynton, of 22 West Thirty-eighth Street, New York, will be at "The New American," Richfield Springs, during July and August.

Dr. J. A. Wrisley, from Manchester, N. H., to Nashua, N. H., in association with Dr. C. C. Ellis, whose health, we regret to learn, is somewhat impaired.

Dr. D. C. Kline (Hahn., '83), from Sunbury to Columbia, Lancaster Co., Penn.

Dr. Charles H. Hubbard (Hahn., '83), to Great Barrington, Mass.

Dr. R. Sargent, from 1609 Mount Vernon Street, to 523 North Eighteenth Street, Philadelphia.

MARRIED.—ARMSTRONG—WILLIAMSON.—At St. Stephen's Church, June 6th, by the Rev. S. D. McConnell, Thomas Armstrong, of Baltimore, and Letitia R. Williamson, daughter of the late Walter Williamson, M.D., of Philadelphia.

LAIRD—TAYLOR.—At Calvary Church, Utica, N. Y., on Wednesday morning, May 30th, 1883, Frank F. Laird, M.D., and Miss Annie, daughter of Mr. W. B. Taylor. We tender our warmest congratulations.

DECEASED.—LANE.—Recently, at his home in Concord, N. H., Charles J. Lane, M.D. (Hahn., Phila., '78). He had practiced in Concord from the time of his graduation, and had secured a lucrative business. The cause of his death was phthisis, a sequence of pneumonia.

CLARK.—On Friday, June 8th, 1883, Eliphalet Clark, M.D., of Portland, Me., in the 82d year of his age. Dr. Clark was one of the pioneers of homœopathy, and assisted in organizing the American Institute in 1844. He graduated at Bowdoin College, nearly sixty years ago. He was "a liberal, consistent, progressive Christian," a member of the Methodist Episcopal Church, benevolent, and a man of unusual force of character and influence. We learn that he bequeathed one hundred thousand dollars to benevolent objects, half of it for the purpose of founding a medical school.

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URINARY INDICATIONS OF NEPHRITIS.

BY GEORGE M. BILLOW, M.D., NEW YORK.

(A Paper read by invitation before the King's County Homoeopathic Medical Society, N. Y.)

I HAVE chosen as my theme, the diagnosis of renal inflammation from indications which may be derived from an examination of the urine alone. The subject is so large for the limits of an ordinary paper that study must be restricted to uncomplicated nephritis, not consecutive to other morbid processes occurring in the urinary apparatus, as neoplasms, calculous disease, and pyelitis, or cystitis, arising from whatever cause. My limitations will also necessarily compel condensation, and more often the statement of conclusions than of the reasons which have led up to them. For my aim will be to present, as succinctly as may be, and for practical purposes, the results of reading and laboratory work, as verified by my own clinical experience.

Before proceeding to the consideration of the subject proper it will be necessary to define the terms employed. The nomenclature of the diseases included under the name of "Bright" is so various that one is often perplexed in understanding a writer. Thus, one form has been termed, anatomically, the contracted, granular, small red, cirrhotic, gouty kidney, or, the inflammation inducing it, primitive chronic interstitial nephritis, or, primitive chronic diffuse nephritis, or, chronic hyperplastic nephritis, or cirrhosis. Another variety has been denominated the large, smooth, white, or large, yellow, fatty, or, in another stage, the small, white, atrophic kidney, or, from its pathology, tubal or parenchymatous nephritis; while

a third form has been styled albuminoid or lardaceous, or amyloid, or waxy disease of the kidney. To this diversified terminology, which might be still multiplied, I would add the classification of Heitzmann, following Rokitansky, as the simplest, and facilitating the best urinary interpretation. According to analogy with inflammations of the mucous membranes, he divides the inflammations of the kidney into catarrhal, croupous, and suppurative, either of which may be acute, subacute, or chronic. Thus, acute catarrhal nephritis is synonymous with the desquamative nephritis, and, sometimes, the simple albuminuria of writers; chronic catarrhal nephritis with chronic interstitial nephritis, or the granular or cirrhotic kidney; croupous nephritis with parenchymatous or tubal nephritis; and suppurative with the surgical kidney, or suppurative interstitial nephritis. If special degenerations have occurred, they are correspondingly denominated; for example, if in croupous nephritis there is fatty or amyloid degeneration, the disease is described as chronic croupous nephritis with fatty or amyloid degeneration. As we are not to consider suppurative nephritis, the varieties of urine which we are to interpret will be the urine of acute and chronic catarrhal nephritis, of acute and chronic croupous nephritis without and with either fatty or amyloid degeneration.

Before reviewing the indications in each special disease let us remark, in general, upon the data necessary for an accurate opinion. The most important are the twenty-four hours' quantity, its mean specific gravity, the total solids eliminated per diem, the percentage of albumen, and the presence of renal epithelia and casts.

An investigation of the mean diurnal urine gives results proportionate in value to the great difficulty usually met in obtaining the specimen. From a fluid so varying, physiologically, as is the urine at different periods of the day, no certain conclusions can be inferred from a sample of a single voiding. But the mean color, specific gravity, and quantity, not guessed at but measured, are invaluable aids to diagnosis. Without an average daily sample we cannot gauge the eliminative power of the kidney truly, and sometimes overlook the presence of albumen. Nor with them all can an apparently normal color and specific gravity deceive us. For example, in a case where the urine at one time of day contained no albumen, and at another so small a percentage as to react only to very delicate testing, the color was normal, the specific gravity 1.020, but the quantity only f3xxiv: this gentleman, who, from his

weight and diet, should have excreted 60 grams of solids per diem, had kidneys which could eliminate about 33 grams, and in addition had the tense pulse and hypertrophied heart of chronic nephritis. And the rules, as to color and specific gravity laid down by the books, I have many other times found fallacious.

It is thus, by correcting our estimate of color and specific gravity by quantity, that we judge the eliminating power of the kidney—really the objective point. For the amount of solids, rather than the quantity of water in which they are dissolved, is the test of the integrity of the epithelial structure of the kidney. By Hæser's rule, multiplying the last two figures of the specific gravity by $2\frac{1}{3}$, to ascertain the solids for each 1000 grams of urine, we can calculate the total solids eliminated per diem in a moment. As the normal quantity of solids for healthy adults is 60 to 70 grams, and for adults on low diet, 30 to 40 grams, we judge immediately whether an excessive volume of urine is merely more aqueous than normal (*urina potus*, *urina spastica*), or a genuine hydruria, indicating defective nutrition or renal affliction, or a polyuria, pointing to one of the diabetes; whether a normal quantity is not, in reality, too small for the amount of salts dissolved; or, whether an oliguria is merely a concentrated urine or the urine of diseased kidneys. And, in established nephritis, there is no criterion so certain for predicting and anticipating uræmia as diminishing solids, the volume of urine decreasing, and the specific gravity increasing, yet not in sufficient proportion. In the absence of means for estimating the amount of urea—and they are generally beyond the apparatus and time of the practising physician—the calculation of solids is extremely serviceable; for practically it subserves the same purposes.

The next indication to consider is albumen. While in nephritis its presence is not invariable, I believe that albuminuria may have been overlooked in many cases which have been published as not manifesting this symptom. For it often requires great care and more skill than is sometimes presumed to detect it. Testing roughly, or relying upon imperfect tests imperfectly performed, or testing specimens passed before breakfast, or after the patient has fed lightly and been resting, is oftentimes more deceiving than not testing at all. The urine voided from three to five hours after a full meal of meat and exercise, it is well known, is most likely to contain it, and no tests, or methods of testing, should be employed except

such as are most delicate and practised. In experimenting with the various tests, for the purpose of ascertaining their relative values, I have been astonished at the ease with which albumen can escape detection in cases of undoubted nephritis. The rules which I have found most reliable are to abandon the heat-with-acid test altogether; to employ heat without acid in urine rich in urates and over-acid normally; to employ Nitric acid by Heller's method, as described by Neubauer and Vogel; and, most of all, to rely upon the test of Tauret. Roberts's Brine, and the Picric acid tests, so recently lauded, and admirable tests with due precautions, I have not found, in general, so serviceable, for they are decidedly inferior in enabling one to approximate the quantity of albumen, which is an element in diagnosis. In subsequently referring to percentage amounts I shall use the term in the sense of relative proportion by weight. The explanation is deemed necessary, since the relative bulk of the coagulum is so often described in medical writing as per cent.

I cannot consider the general significance of albuminuria, but it is pertinent to inquire whether renal albuminuria ever occurs without some abnormality of the kidney. Albuminuria induced by injections of egg-albumen into the blood of animals; the occasional occurrence of albuminuria observed by persons in apparent health, after eating large quantities of albuminous food; the transitory albuminuria seen in the course of febrile diseases, with high temperature; and the albuminuria of venous obstruction, are by most medical writers considered as due to simple filtration of albumen through the walls of the glomeruli. But the grounds upon which these conclusions are based may be doubted. In none of these cases has it been satisfactorily shown that renal epithelia were absent, or that the kidney structure was entirely intact. Dr. Heitzmann writes: "That clear understanding of nephritis has not been hitherto possible on account of the lack of discrimination between its different forms and degrees, although this disease is far more common than is usually thought, as proved by the careful examination of the urine of even apparently healthy persons. Every acute or chronic disease of the organism reflects upon the kidneys to such an extent that, with the exception of sudden and accidental deaths, normal kidneys are never found on autopsy." We may, then, question whether those transient cases of albuminuria, considered as due to filtration from intravascular pressure, are not forms of catarrhal nephritis, running a rapid and mild course.

And so prominent an authority as Dr. George Johnson believes that albumen appearing in the urine of persons presumably healthy is always pathological and never physiological, and that sooner or later the evidences of Bright's disease will appear. Dr. Johnson's statement is remarkably exemplified by Dr. Hugo Engel, whose observations, extending over a number of years, have followed up the transient albuminuria, appearing after debauches and gluttony, into the established stages of chronic nephritis. In my own urinary examinations I have rarely met with a true albuminuria which has not been accompanied by renal epithelia. Nor will the dictum that albumen is a constant physiological constituent of the urine bear the test of experiment. For clinical purposes it is safe to assume that renal albuminuria is always a warning and serious symptom, and while I would not be understood as implying that it necessarily indicates Bright's disease, in the vague and dreaded sense in which that term is employed, I am convinced that it always proceeds from something more than simple increased intravascular pressure, from some pathological condition of the kidney, which, however minute may be the quantity of albumen, is either prodromic or established disease.

The most constant indication of nephritis is the presence of renal epithelia, upon which sufficient stress has not been laid by the most recent authors. Professor Tyson has nothing to say of their diagnostic value in his book on Bright's disease, nor is any mention made of them in an elaborate monograph on the "Early Diagnosis of Chronic Bright's Disease," read during the past year before the New York Academy of Medicine. One needs only to look into the books at pictures of the epithelia of the genito-urinary tracts to account for the omission, and the prevalent belief that there are no characteristic epithelial forms upon which reliance can be placed.

But much observation has verified the teaching of Dr. Heitzmann, that an eye well trained can identify renal epithelia with certainty. It is easy, however, for an inexperienced observer to confound them with pus or mucous corpuscles, and epithelia from the prostate, ureters, and middle layers of the stratified epithelia of the bladder. It is impossible to represent in language, without pictorial illustration, the characteristic form and size of kidney epithelia. Suffice it to say that the typical epithelia of the convoluted tubules are cuboidal, average about one-third larger than pus corpuscles, and are distinctly nucleated, while those from the straight tubules are

columnar. As the latter seldom appear in uncomplicated, primitive nephritis, the epithelia from the convoluted tubules only are hereafter alluded to. In nephritis, it should be said, the epithelia are always accompanied by pus corpuscles, commonly denominated leucocytes.*

If the diagnostic importance of renal epithelia has been underestimated, that of the presence of casts has been exaggerated. They are frequently absent. I have followed several cases of nephritis for months, and not found them except now and then. When they are present, I believe that they always indicate renal disease, and the greater their number and variety the more intense the inflammation. I need not describe the kinds usually enumerated, familiar to you all, or discuss their composition or mode of origin. But I will briefly allude to the impossibility of the passage of a cast from the convoluted tubules of the first order (proceeding from Bowman's capsule) through the down-looping tubules of Henle, without being moulded to the shape and size of the latter. So that it is possible to discover in the urine three typical sizes of casts: First, the small, from Henle's loops; second, the medium, from the intercalated convoluted tubes; and, third, the larger from the straight, collecting tubes. In the order in which they have been named is their diagnostic and prognostic significance. The small alone indicate a mild degree of inflammation, not involving the cortex; the medium-sized, an involvement of the cortex, since the intercalated of all the tubules ascend nearest to the capsule; a mixture of the two sizes, an involvement of both cortex and medullary zone; while the addition of the larger indicate an involvement of the whole kidney, and an exceedingly grave prognosis. The significance of the different kinds of casts will be taken up with the special diseases with which they are associated. There is one variety, however, whose interpretation is obscure, the so-called mucous casts, described by Beale, and referred to by Bartels as cylindroids. There are frequently present in non-albuminous and albuminous urine, long, much longer than the other varieties, sometimes tape-form, and sometimes rounded bodies, refracting like mucus or slightly more, with faint, waving, parallel striations, generally with

* For plates of the various epithelia found in the urine, upon which the writer relies, reference is made to pp. 800, 802, of "Microscopical Morphology of the Animal Body in Health and Disease," by C. Heitzmann, New York, 1883, to whom also should be acknowledged many of the indications presented in this paper.

parallel borders and extremities either rectangular or rounded, usually straight but often waving like ribbon, or branched, or spiral, and having the diameters of true casts, but sometimes wider. Some of these bodies I believe to be merely mucous coagula, for I have found them in the very acid urine of women, containing an excess of mucus, generally with deposit of oxalate of lime and uric acid, and moreover have often traced them melting insensibly into large, irregular masses of mucus. Others, I believe, are formed in the glands of Littre of the male urethra, and perhaps the minor ducts of the prostate, for I have found them associated with urethral and prostatic irritation. It is certainly an open question whether they ever originate in the kidney; but, I think that they sometimes do, for they often attend catarrhal nephritis. One should be on his guard, then, against attributing them too inconsiderately to renal disease. And, when the urine deposits phosphates or urates, it is easy to confound them with pale and dark granular casts. In deciding upon them, acetic acid will dissipate the phosphates, heat the urates, and coincident indications assist a correct conclusion.

I will now consider the urinary indications of the special forms of nephritis.

Acute Catarrhal Nephritis.

Under acute catarrhal nephritis are comprised renal inflammations, characterized pathologically by œdematous swelling of the connective tissue, swelling and granular cloudiness of the epithelia, and subsequent desquamation of the epithelia, due to serous exudation from the bloodvessels. If severe and prolonged, the inflammation may result in hyperplasia of the epithelia, a transformation of some of them into connective tissue, and inflammatory infiltration of the interstitial tissue, and its consequent hyperplasia and hypertrophy. Clinically, it corresponds to the so-called hyperæmia of the kidney, desquamative nephritis, febrile and simple albuminaria, arising from whatever cause—cold, renal irritants, the acute fevers, inflammatory affections of the skin, as furunculosis, burns, etc.

The urine presents the following features: The reaction is acid; the color either normal or high; the quantity normal or diminished; the specific gravity about normal, or increased if there is fever or the urine is concentrated from other causes. The total solids are in normal proportion, and of the normal constituents sodium chloride may be diminished in fevers and

pneumonia; the urea is normal or increased. Albumen may appear, as high as $\frac{1}{5}$ of 1 per cent., but more often it ranges from $\frac{1}{300}$ to $\frac{1}{10}$ of 1 per cent.; sometimes it is not present. There is an appreciable organic sediment, tinged slightly pinkish if there be admixture with blood, or if urates, colored by uroerythrin, be deposited. Under the microscope appear numerous epithelia from the convoluted tubules, and sometimes from the straight collecting tubes. The epithelia are always associated with pus corpuscles. A moderate number of blood corpuscles may be present. Now and then a small hyaline cast from Henle's loops may, in some cases, appear. It will be seen that the diagnosis rests upon the presence of a considerable number of renal epithelia, attended by pus corpuscles, and no casts, in urine containing a normal proportion of solids. The presence of blood corpuscles indicates either recent onset or an exacerbation, and, if numerous, a severe inflammation.

While writing the preceding, I have had a case of this form of nephritis occurring in a child of four, during the third day of scarlet fever, when the rash was well developed, and the temperature 101° . The only symptom suggesting nephritis was frequent micturition. The urine was normal amber, about 10 f3 in quantity, of specific gravity 1.030, and deposited freely uric acid crystals, but no urates. There was no albumen, not a trace; but, on examining under the microscope the white organic sediment slightly increased above the normal cloud, pus corpuscles and renal epithelia were found, and a further careful search discovered two small hyaline casts. The appearances vanished in a few days, and were not followed by nephritis during convalescence.

Subacute and Chronic Catarrhal Nephritis.

When the inflammatory condition of acute catarrhal nephritis runs a protracted course, or repeated recurrences of the process take place, the disease disappearing and, owing to a new exciting cause, again lighting up, we have a subacute nephritis, whose separation from the chronic variety it is difficult to make. This subacute course, with repeated mild recurrences, will, I believe, account for the insidious invasion of the contracting kidney, whose initial stages are so obscure, whose course is so prolonged, and whose diagnosis is not generally made until a marked influence upon the health is manifested by secondary symptoms. One cannot find a better analogy than in chronic nasal catarrh, whose history is that of an acute coryza followed

by repeated minor recurrences, until hypertrophy and subsequent atrophy of the mucous membrane ensue; and, as acute nasal catarrh shades into subacute, and the subacute into chronic, so in the catarrhal affection of the kidney. In the urine of subacute catarrhal nephritis, we would then expect varying conditions according to the course of the inflammation. Examining the urine closely from time to time, there may or may not be albumen, but there will generally be renal epithelia and pus corpuscles, fluctuating in number, disappearing and reappearing, with occasionally a hyaline cast. We would not expect, however, any marked changes of color, specific gravity, and quantity of total solids, to suggest close examination of the urine.

We are now brought to the forming stage of the contracting kidney, chronic catarrhal or interstitial nephritis ending in cirrhosis.

By prominent writers, the urinary indications of the invasion period are left in obscurity. Grainger Stewart believes that the quantity is not increased, while Dickinson and Saundby are of the opinion that an increase appears early. Dr. T. A. McBride asserts that the urine is at first decreased in quantity, increased in specific gravity 1.020 to 1.036, and that it persistently deposits oxalate of lime, special forms of uric acid, and much "granular matter." I am, by no means, convinced that Dr. McBride's observation is always true, although it may be exceptionally so. This concentrated over-acid urine, with crystalline deposits, shows functional derangement of the liver and digestion, superinduced by too much eating and alcohol, and too little water and exercise. And the forms of uric acid, exhibited by him after Dr. Ord, are commonly seen in acid urine, and do not depend upon nephritis or the presence of albumen for their peculiar shapes. These conditions are undoubtedly indicative of disturbed assimilation, the elimination of whose morbid products maintains a functional stimulus of the kidney, which in time may cause inflammatory congestion in an organ predisposed to disease by heredity, and whose vaso-motor system is further deranged by a skin sensitive to changes of temperature, and oftentimes by mental anxiety. On the other hand, there are many cases of the contracted kidney where there has been no lithæmic state, and where the urine has been at no time deficient in quantity, or high in specific gravity. A concentrated urine, with crystalline sediment—and the stellar phosphates, I consider, more foreboding than uric acid or oxalate of lime—is, therefore, only

a suggestive indication, accidental, and not diagnostic. But a specific gravity persistently below normal, with a normal or increasing quantity, is considered characteristic. And when a slight and transient albuminuria, only detected by careful and skilful testing, repeatedly recurs after cold and dietary indiscretion, inducing flatulent dyspepsia, the discovery of renal epithelia and pus corpuscles very scantily but persistently present, even when there are no casts, establishes a diagnosis. Hyaline casts may or may not be, and generally are not present. In the intervals of albuminuria, a careful search will discover the kidney epithelia, perhaps not more than two or three on a slide. Their persistent presence, whatever may be the quantity, color, or specific gravity of the urine, and whether albumen and casts accompany or not, I believe is the one sure sign upon which we can always rely.

The urine of chronic catarrhal nephritis, with cirrhosis begun and progressing, is as follows:

Acid; clear; varying in color from light amber to pale straw, and almost aqueous; quantity sometimes normal, but generally increased, reaching sometimes as high as 2700 cu. cm. or 90 f5; specific gravity decreased as a rule, ranging from 1.003 to 1.015; total solids diminished; albumen rarely absent throughout whole course, often intermitting, appearing most after exercise and a full meal, ranging in quantity from 0 up to one-half of 1 per cent., rarely depositing more than $\frac{1}{4}$ bulk with heat and acetic acid, most often present in $\frac{1}{100}$ to $\frac{1}{10}$ per cent.; sediment in males scarcely appreciable, in females about the normal mucous cloud, if there is no genital catarrh; crystals absent as a rule; blood corpuscles rarely present, unless there is an acute recurrence; pus corpuscles extremely scanty; now and then minute shreds of connective tissue; casts often absent, when present always very few, very hyaline or faintly granular, and exceptionally, sparingly dotted with a few oil drops; renal epithelia always scantily present, only three or four on a slide.

The degree of structural alteration of the kidney can be in a measure estimated by the specific gravity, quantity, and total solids eliminated. The more the excreting structure is destroyed the greater will be the diminution of solids. It is now generally agreed that the water of the urine transudes through the malpighian tuft or glomerulus, while the urea, uric acid, and probably the greater proportion of the salts are added by the epithelia, which, at the same time, withdraw by osmosis some of the water already exuded. It is easy to see, then,

how, with increased arterial tension, a greater quantity of aqueous fluid is secreted, to which the salts will be added in proportion to the integrity of the epithelia; the more the latter are destroyed, consequently the more watery the urine will be. Whether the theory be correct or no, a careful judgment of the amount of cirrhosis formed from the diminution of solids and the relative amount of water in which they are dissolved, is justified by clinical and post-mortem experience. When cirrhosis is slight, the diminution of specific gravity and solids is slight, and so on in direct proportion. We can, therefore, approximate by these simple and easy observations, whether cirrhosis is just beginning, or has become considerable, or is extreme.

Towards the end of the patient's life, if the disease has gone on uncomplicated, the color and specific gravity increase, and the quantity diminishes, yet, at the same time, there is still further diminution of the daily solids. This is generally due to failure of the heart's action. I look upon these signs as of exceeding value in a prognostic sense, and even in the established stage, with slight degree of contraction, uræmic phenomena can be foretold by the same rule. So, too, in the febrile complications, as pericarditis, etc., we have diminution of quantity, although here there may not be the same diminution of solids; the color may even become high, and the specific gravity rise to normal or above.

Croupous or Parenchymatous Nephritis.

By croupous nephritis we understand an inflammation of the kidney, in which the exudation from the bloodvessels is an albuminous fluid which coagulates in the tubules, and with their epithelia, sometimes melted into its substance, forms the bodies known as casts. The inflammatory action is here more severe, and tends more rapidly to death.

As time is pressing, I will not weary the society with a detailed review of the urine in its various forms, but will hastily group the indications.

The *color* is generally paler than normal urine, although there is a dirty turbidity attributable to admixture with a great number of morphological elements. If the case be hæmorrhagic, there will be smokiness.

The *quantity*, as a rule, is lessened far below normal, so long as the inflammation continues to advance, or remains at its height. So soon as it retrogrades, it increases, and in the later

stages, especially during atrophy, should this occur in the chronic form, it may exceed the normal average.

The *specific gravity* varies in inverse proportion to the quantity. In the beginning it may reach as high as 1.040, but so soon as retrogression with increase of quantity occurs, it may fall as low as 1.006. In the chronic form, its usual range is from 1.008 to 1.015.

The *total solids* are always diminished according to the degree of implication of the kidney structure. The greater the diminution, the greater is the danger.

Albumen occurs in from one-fifth to 4 or 5 per cent., even 6, generally in one-half to 1 or 2 per cent. Bartels says that it is in pretty constant proportion to the specific gravity. As atrophy sets in, or recovery begins, the relative proportion falls, although the absolute amount may be increased.

Renal epithelia are generally present in abundance, always except in the stage of atrophy. Yet, even in atrophy, they are more numerous than in cirrhosis from catarrhal inflammation.

Pus corpuscles, or leucocytes, are always present.

Blood is an exceedingly common sediment in the acute form, where it is often abundant, especially after scarlatina. It is not present in the chronic form, unless an acute recurrence has occurred (subacute croupous nephritis). Its reappearance after disappearance indicates always an increased inflammation, and a new grip of the disease.

Small shreds of *connective tissue* are commonly found in the severe attacks after scarlet fever, and come, as a rule, from ruptured capillaries, and not from a suppurative destruction of the connective tissue of the organ, as might be supposed.

The main point in diagnosis is, of course, the presence of *casts*. I have already alluded to the significance of the various sizes, and will now briefly speak of the different varieties.

Hyaline casts indicate a recent attack or an acute recurrence.

Epithelial casts, that is, hyaline casts with adherent epithelia, are to be interpreted in the same manner.

Blood casts signify a renal hæmorrhage, and when they are in large number, according to Heitzmann, almost always foretell, more certainly in adults than in children, a fatal termination in a short period of time.

Dark granular casts appear often in the acute nephritis after scarlet fever and diphtheria, and always in the chronic form, if at all protracted. When mingled with the previous varie-

ties, or even with the hyaline alone, and especially with blood corpuscles, they signify a chronic croupous nephritis, with acute recurrence, except in scarlatinal and diphtheritic nephritis. Contrary to the opinion of Charcot, they are rarely found except in croupous disease.

Fatty casts may occur in the stage of retrogression of the acute form, when hyaline casts, sparsely dotted with oil globules, are seen. Or, they may also be present in chronic croupous nephritis, when the kidney is undergoing fatty degeneration. Here they are more gorged with fat globules, and are at the same time accompanied by fatty epithelia, and much free fat (large fatty kidney). They may also be seen in the small fatty kidney (the atrophic kidney after croupous nephritis), but fewer in number, with less free fat, and fewer renal epithelia.

Waxy casts—those, slightly yellowish, highly refracting, friable cylinders with sharply-defined fluted outlines, often indented borders, and which do not, as a rule, give the amyloid reaction with iodine—indicate waxy degeneration, and may occur in any of the chronic forms of nephritis; very rarely in chronic catarrhal nephritis; quite commonly in protracted croupous nephritis, and always in the later stages of the kidney amyloid from the beginning, of which they are not, however, pathognomonic.

The number of casts is, in a measure, diagnostic of the severity of the inflammation, generally speaking, the greater, the more severe. But this is not always so. It rarely happens that, with an exacerbation, the number of casts will decrease. Here the total solids eliminated will furnish a guide. The rule is that, with increasing quantity and total solids, a diminishing number of casts indicates improvement; but with decreasing quantity and solids, the reverse is true, *pro tanto*.

Amyloid Kidney.

I will briefly sketch the features of the urine in disease considered lardaceous from the beginning, excluding those cases in which the waxy change supervenes upon a pre-existing inflammation.

Quantity slightly diminished in the beginning, passing soon to an increased amount, and towards the last dropping to a small quantity, perhaps 20 f5; *specific gravity* at first about normal, proceeding then to a lower than normal, 1.005 to 1.015; *total solids* somewhat but not extremely diminished; *albumen* more than in catarrhal but less than in croupous nephritis, generally

ranging from $\frac{1}{5}$ to $\frac{1}{2}$ or 1 per cent.; *casts* more numerous than in catarrhal nephritis and less than in croupous, at first a few hyaline, later hyaline and pale granular, still later additions of waxy and sometimes fatty cylinders; *epithelia* more abundant than in catarrhal, less than in croupous disease, and often waxy; all these signs constitute a mean between catarrhal and croupous disease. Hoffmann and Ultzmann consider the presence of globuline as pathognomonic, but the tests for it are rarely within the means of a practising physician's laboratory.

The special characteristics of the urine in the atrophic kidney of croupous nephritis and the small atrophied amyloid kidney, which is only a waxy change of a kidney contracted from catarrhal or croupous disease, cannot be entered into from lack of time, upon which I have already trespassed too long. They can be inferred from what has been previously said.

My paper would not be complete were I to omit the indications of cyanotic induration, when albuminuria is symptomatic of venous obstruction, arising generally from disease of the heart. It is often a puzzle, in cases of mitral disease, to decide whether albuminuria proceeds from obstructed circulation or from renal inflammation. The observation of Bartels, that albuminuria does not set in until after dropsy and cyanosis have occurred, has been found true in my experience. If, with these symptoms, the urine is dark, scanty, strongly acid, of *specific gravity* 1.030 to 1.035, with the total solids normal, a copious deposit of uric acid and the urates richly colored, albumen not exceeding $\frac{1}{5}$ of 1 per cent., very few kidney epithelia, a few scattered blood-corpuscles, and perhaps a very few hyaline casts, it is the urine of cyanotic induration alone. When the renal hæmorrhage is more profuse, and blood casts are detected, Bartels considers that there is infarctus of the kidney. It should be remembered that the cyanotic kidney is especially liable to become inflamed, when the indications of nephritis already named will be added, and estimation of the total solids will render great assistance.

In conclusion, I will hastily summarize a few of the more important points.

1. The *quantity* may be normal in any of the forms of nephritis. It may sometimes be *decreased* in the forming stage of acute and chronic catarrhal, and is always so in the first and second stages of acute and chronic croupous nephritis. It is, as a rule, *increased* in the established stage of chronic catarrhal, in the retrograding stage of acute and chronic

croupous, in the atrophic stage of chronic croupous, and in the established stage of the true amyloid kidney. In all the forms, preceding the fatal termination, it is always markedly decreased.

2. The *color* may be normal in any of the forms; but, in chronic catarrhal, it is generally very pale, and, in croupous and waxy, moderately lessened in color. A smoky tint from blood-coloring matter indicates either an acute catarrhal, an acute croupous, a chronic croupous nephritis with acute recurrence, or the cyanotic kidney with infarctus.

3. The *specific gravity* also may be normal in any of the forms, especially acute catarrhal and the amyloid; but it is always *much increased* in cyanotic induration, generally so in the first stage of acute croupous, and sometimes so in the invasion period of chronic catarrhal disease. It is generally *below normal* in developed chronic catarrhal (1.003 to 1.015), in the second and third stages of acute croupous (1.010 to 1.015), in chronic croupous (1.008 to 1.015), and in the developed amyloid kidney.

4. The *total solids* are always diminished, except in acute catarrhal disease and cyanotic induration, and in proportion to the diminution is the degree of the affection of the kidney; but due allowance must always be made for defects in nutrition, which may in part account for the diminution.

5. *Albumen* may be entirely absent in acute and chronic catarrhal disease, where it often intermits, and is most likely to be found in the urine of digestion, and especially after exercise. Its percentage furnishes a clue to the form of nephritis. In the catarrhal varieties it ranges from $\frac{1}{300}$ to $\frac{1}{2}$ of 1 per cent., being most often present below $\frac{1}{10}$ of 1 per cent.; and the same is true in cyanotic induration. In the amyloid form it most often ranges from $\frac{1}{5}$ to $\frac{1}{2}$ of 1 per cent.; in the croupous variety, from $\frac{1}{2}$ to 1 or 2 per cent.; in pregnancy often to 4 per cent., and rarely up to 6 per cent.

6. The *organic sediment* in uncomplicated forms is scarcely visible in chronic catarrhal and primary amyloid disease. In acute catarrhal nephritis, if severe, it is easily seen, while in croupous disease it is generally abundant.

7. *Blood-corpuscles* from the kidney may be discovered—a very few on a slide—in chronic catarrhal nephritis, especially towards its termination. They are often present in moderate number in the acute catarrhal form; the number may be very great in acute croupous, and in renal infarctus. In chronic croupous they are as a rule absent, but, when appearing,

generally accompany an acute recurrence. Blood casts are found in acute croupous, in very severe recurrence in chronic croupous, and in renal infarctus.

8. *Renal epithelia*, attended by pus corpuscles not otherwise accounted for, always indicate nephritis. They are always exceedingly scanty in cirrhosis, numerous in acute catarrhal, very numerous in acute croupous, numerous in chronic croupous, moderately numerous in atrophic croupous, and moderately scanty in amyloid disease. Unaccompanied by pus corpuscles, they are found rarely in cyanotic induration.

9. *Casts*, if very few, and if hyaline and very pale granular, indicate acute and chronic nephritis, but here they may be, and often are, absent. *Hyaline* and pale granular casts are slightly more numerous in primary amyloid kidney. When hyaline casts are present in considerable number, they indicate acute croupous disease, and mixed with dark, granular cylinders, either chronic croupous nephritis, with acute recurrence, or acute scarlatinal or diphtheritic nephritis. *Many granular and gorged fatty casts*, with considerable free fat in minute globules or granules, come from the large fatty kidney of croupous nephritis; if comparatively few, from the small fatty or atrophic kidney. *Waxy* casts indicate most often waxy degeneration in chronic croupous nephritis, but may originate from a cirrhotic or atrophic kidney which has become waxy; less often they show a nephritis amyloid from the beginning. Generally speaking, the number of casts measures the severity of the inflammation, and, from their size, the extent of the lesion of the kidney can be judged. A mixture of all three sizes, from Henle's loops, from the intercalated convoluted tubes, and from the collecting tubes, usually forbodes an early death.

So far as general rules can be adopted, I have found the preceding serviceable. But departures often occur, for the types described often merge into each other, and other complicating diseases sometimes modify the signs. Into these modifications I am forbidden to enter by the time I have already consumed.

PHOSPHORUS AS A FOOD AND AS A DRUG.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA, PA.

(Read before the Hering Club, April, 1883.)

GENTLEMEN: I present this evening for your consideration and discussion an analytical study of PHOSPHORUS, a tissue remedy of vast importance and peculiar action.

To analyze this drug well we have to consider, first, its source and office in nature, so that we may as nearly as possible appreciate the performance of its high duty in the animal economy, and especially in the reactions of the mind with the brain.

Phosphorus plays an important role in the scheme of nature. It is contained in the primitive and volcanic rocks combined with lime, and when these, by a gradual decay in the course of ages, disintegrate and crumble into the soil, the plants, with their thousand rootlets, draw out the phosphorus and with it build up their organizations. Here it is stored to serve later as food for the higher animals and man. From Dalton and other physiologists we learn the following lessons:

Phosphorus is found in nearly every animal and vegetable substance used as aliment. Flesh, eggs, milk, wheat, rye, oats, barley, maize, rice, potatoes, beets, turnips, carrots, peas, and beans, all furnish it in abundance. Even the juicy fruits, such as the apple, pear, plum, and cherry, contain it.

In the body, as well as in food, it occurs in different combinations, each in its place performing some important duty; namely: 1. Earthy phosphates (calcium and magnesium). 2. Alkaline phosphates (sodium and potassium). 3. In the form of a peculiar compound with fatty matters, called "protagon," which, by the way, is the only organic combination that contains it. This is also named "lecithine," from the yolk of egg, in which protagon was discovered.

For the sake of convenience, I will consider these combinations separately.

The phosphate of lime, which, next to water, is the most important of the inorganic constituents of the body, preponderates in the solid tissues. In the enamel of the teeth, which is the hardest, it is most abundant; next comes the dentine, which is a softer tissue; and then the bones, in which it forms more than one-half of the entire osseous mass. It is also present in the milk, blood, bile, and urine; but of these only the first contains it in notable amount, and there it is plainly subservient to the ossification of the growing bones of the young infant, for whom the milk is used as food.

Although calcium phosphate is insoluble in simple alkaline, watery liquids, still, in the milk and blood-plasma, fluids which have an alkaline reaction, it is held in solution by its union with their albuminous ingredients. This explains its presence there in a liquid form. In the urine, on the other hand, it is held in solution by the presence of the acid sodium biphos-

phate. Accordingly, whenever the urine is rendered alkaline by the addition of soda or potassa, or its acid reaction is absent or very much diminished, the earthy phosphates are precipitated in the form of a white, turbid sediment.

This acid sodium biphosphate gives the urine its acid reaction to test-paper, although it contains no free acid. It is found in the blood; and, by the action of the uric acid produced in the system, which unites with a part of its sodium, it forms sodium urate, leaving an acid sodium phosphate. You can see, by this, the indirect manner in which the uric acid, produced from the decomposition of animal substances, although not appearing in a free form by itself, is the cause of the acid reaction of the urine, and this reaction will vary in intensity with the amount of uric acid discharged.

The bile derives its phosphate of lime, as well as its lecithine and sodium phosphate, from other parts of the system by means of the blood, where they exist ready formed. The only salts produced in the glandular tissue of the liver, and discharged with the bile, are sodium glycocholate and taurocholate.

The earthy phosphates, both calcium and magnesium (of which latter salt I will soon speak), after forming for a time a constituent part of the body, are discharged with the excretions, but very slowly and in small amounts—never in correspondence with the amount taken up daily. Their principal abode, as already stated, is in the osteogenetic tissue, from the decomposition of which the urine receives a proportionate large amount of the salts. The average amounts of both earthy phosphates expelled with the urine is accordingly about one gram per day, the magnesium salt being rather the more abundant. The calcium phosphate, by itself, is found in the feces in a slightly larger quantity than in the urine; but this may be only the residue derived from the undigested portion of the food. In the perspiration we can discover only traces of it.

If we compare the small proportion daily excreted with the large quantity in the body, it is evidently to be regarded as one of the more permanent constituents of the frame. It is comparatively inactive in the process of internal metamorphosis, but serves for the most part as a physical ingredient of the solid tissues.

By the preponderance of phosphates in food we can estimate their relative importance, especially the value of calcium phosphate, which, when combined with the carbonate of its

class, is most useful in the process of alimentation. It is upon their combined agency that the solidity of the skeleton depends. But there is still another important and peculiar property of phosphate of lime; namely, to make carbonic acid more soluble in the blood. Its administration, whether in separate form or in aliment, to a growing animal is thus peculiarly indicated. An insufficient quantity of this salt in the blood may give rise to every kind of deformity in the skeleton; for not only is it useful because it is itself appropriated by the system, but also because when present, for instance, in the milk, which, by subsequent assimilation, becomes blood, it has the property of enabling that fluid to take up more carbonic acid. Now, when carbonic acid in its turn is in excess, it dissolves carbonate of lime. Hence, the quantity of carbonate of lime held in solution in the blood is increased, and is thus from time to time more easily and plentifully deposited in bone. It is a well-known fact that chalk, or carbonate of lime, is insoluble in distilled water; but in proportion as this becomes saturated with carbonic acid a larger quantity of the chalk is taken up—a property never to be lost sight of when it is wished to strengthen a growing child.

The magnesium phosphate accompanies the calcium phosphate everywhere. While the former occurs in larger quantity in the muscles, and is nearly twice as abundant in the substance of the brain, the latter preponderates in the bones, the blood, and the milk.

It may not be out of the way to state here that the magnesium phosphate and carbonate, traces of which latter salt occur in the blood, appear to be intimately related with the corresponding salts of lime, physiologically as well as chemically.

I enter now into the consideration of a no less important group of phosphates, namely: the alkaline, sodium and potassium phosphates, which are also taken with the food, as they exist widely in both animal and vegetable matters. These are the soluble phosphates which circulate with the blood, and are finally excreted with perspiration, mucus, and urine. On account of being so soluble they never disturb in any way the transparency of the urine, nor appear as a precipitate. In solution they have a mild alkaline reaction; but we should not forget that in the urine a portion of the alkaline sodium phosphate is replaced by the acid sodium biphosphate, which gives to this fluid its acid reaction. I have already given the manner in which this change is supposed to take place.

It is in the form of one or other of these salts that most of the phosphoric acid is expelled with the urine. They occur universally in all the solids and fluids of the body, and their most important office is to assist in producing the necessary alkalinity of the blood and secretions.

As the alkalinity of the blood is due in great measure to the alkaline phosphates; and as the plasma, which has been invariably found alkaline in reaction, is, of all the internal fluids, the most essential, since it affords the materials of nutrition to the entire organism; and, moreover, as the experiments of Bernard have shown that this reaction is indispensable to life, we can well appreciate the importance of these inorganic proximate principles. Without a due proportion of them, diseased conditions may arise and the body become incapable of supporting life. It is the alkaline condition of the plasma which enables the blood to absorb from the various tissues the carbonic acid produced in their substance and return it to the centre of the circulation for elimination by the lungs.

These phosphates favor the alkaline reaction which is so essential to many of the vital processes going on in the interior, and in all the animal fluids which are contained in the circulatory system or in the closed cavities of the body. An acid reaction, on the other hand, is present only in a very few of the organic fluids which are either employed in the process of digestion or are discharged externally.

An important fact in physiology, then—one worth mentioning—is that an alkaline condition is characteristic of the internal fluids, while the products of excretion, on the contrary, present universally an acid reaction.

Another practical lesson which I may be allowed to cite, as it has an important bearing on alimentation, is, that as the alkaline carbonates also contribute to the alkalinity of the blood, a preponderance of vegetable food, especially of acid fruits and of vegetables containing salts of malic, tartaric, and other acids, effects the increase of alkaline carbonates, and, consequently, the reaction of the excretions. While, on the other hand, the phosphates abound in muscular flesh and in animal tissues generally; hence, especially in carnivorous animals, whereas carbonates abound in the herbivorous.

The alkaline phosphates are taken in with the food, the alkaline carbonates partly thus, but in the main they are formed within the body by the decomposition of salts contained in fruits and vegetables eaten. But, in animals fed upon animal and

vegetable food, both kinds of salt are found in nearly equal proportions. Hence, by increasing or diminishing either kind of food, we can make the phosphates or carbonates preponderate as required.

The alkaline and earthy phosphates differ from each other in the average amount of the daily discharge during health, as well as in the condition which influences their excretion. The daily excretion of the former is over four times larger than that of the latter (4.5 grams to 1). While the alkaline phosphates of the urine are increased in quantity during undue exercise of the mind, the earthy phosphates are diminished; so the total amount of both kinds is not materially altered. The earthy phosphates, on the other hand, are increased by refraining from mental labor. Exercise increases the alkaline, but not the earthy, phosphates. The urine derives a large amount of phosphate of lime from decomposition of osseous tissue. The decomposition of other tissues, also, but especially of the brain and nerve substance, furnishes large supplies of phosphorus to the urine. So, when we wish to determine the waste of animal tissue, we must go to this accessible channel in search of evidence. Indeed, it was from the urine that Brandt, in 1669, first obtained phosphorus.

The third form in which phosphorus occurs, in both animal and vegetable substances, is protagon, a peculiar compound with fatty matters. As said before, it is the only organic combination in the body which contains phosphorus. It is not only abundantly found in the nervous tissue, but also in the blood, bile, and spermatic fluid. In the blood it exists in the globules and plasma; in the latter in the proportion of 0.4 part per thousand. Taking into account the watery ingredients of the brain, protagon is about equally abundant in the white and in the gray substance; but, of the solid matters alone, it constitutes a little less than 10 per cent in the white substance, and rather more than 17 per cent in the gray. In the yolk of eggs, in cereals and leguminous seeds, it is found in large quantity.

Now, considering its very wide distribution, it is evident that a considerable quantity must be introduced into the system with the nutriment and assimilated by the tissues, particularly by the nerves and nervous centres. But, as no known organic combination of phosphorus is discharged with the excretions, it is supposed to pass out of the body as a part of the phosphates which appear in the urine and perspiration. This fact

has led physiologists to believe that, as there is a constant consumption of oxygen by the animal body, when phosphorus is introduced in the system as an ingredient of organic materials, it is converted by oxidation into phosphoric acid, which in turn unites with alkaline bases to form neutral or acid phosphates. In this way a certain portion of the superabundant acid is produced, which gives rise to the acid reaction of the excreted fluids.

From the preceding general remarks you will perceive the important part played by phosphorus in the animal economy. Now let us see to what its deficiency may lead.

It is a well-known fact, that in the process of ossification, or of progressive consolidation of the frame-work, which begins in foetal life and ends with childhood, cartilage is replaced chiefly by phosphate of lime, which gives the skeleton its natural stiffness and consistency. But, when assimilation is imperfect, ossification becomes imperfect; and the bones, instead of increasing in rigidity in proportion to the weight of the body and to muscular action, gradually bend and become deformed. Hence comes rachitis.

A similar condition takes place occasionally when the bony structure, after its formation, becomes softened by alteration of its texture and composition. A new element, composed mainly of gelatine and deficient in calcareous matters, now occupies the place of the lost materials, and a progressive yielding and deformity of the bony fabric is the result. This is called osteomalacia.

Again mental exertion, especially if excessive, and all other circumstances producing nervous exhaustion, furnish large supplies of phosphates to the urine, indicating a waste of brain and nerve substance.

Edmond Kirby says: "Phosphorus is, in common with iron, sulphur, lime, and other inorganic constituents, a very important alimentary principle, and whenever the food supply is deficient in this element, or when it is not in proportion to the needs of the economy, deterioration of nervous tissue and nervous force is an inevitable consequence. These inorganic principles enter into the composition of the organs by which the conversion of latent into active force is effected, and it follows that the functional power of the cerebro-spinal system, and of the nerves of organic life, which preside over the functions of nutrition and secretion, is thrown into disorder when the organs themselves are ill nourished." "Every part of the organism is constantly undergoing physiological decay and

repair, and this molecular change is a necessary and inevitable condition of life. When the balance is lost, and the destructive process from any cause more than counterbalances the constructive process, whether it be owing to a deficient supply of new material or to excessive activity of function, the result is the same, the organism falls into decay, and its functions are thrown into disorder. As, therefore, it is essential to the condition which we call health, that waste be duly compensated by the appropriation of new materials, it follows that if this process fail in any particular, we have ill-health as an inevitable consequence; not only are the functions of the body enfeebled or perverted, but organic deterioration takes place, and finally functional activity is completely arrested."

Phosphorus is food in precisely the same sense that common salt is food; and it is a notable physiological fact, that those alimentary substances which are richest in this inorganic principle best sustain brain work, renovate nerve tissue, and so restore nervous energy when enfeebled from any cause. By the addition of a minute quantity of phosphorus to our food, we increase its nutritive value and brain-sustaining power. The greater the functional activity of brain and nerves the greater the disintegration of nerve tissues, which is always in proportion to the expenditure of nervous energy. It would appear that there is an especial relation between the oxidation of phosphorus, the disintegration of tissue, and the amount of force expended.

The evolution of nervous force is dependent upon alimentation; it is increased or diminished in proportion as this process is perfectly or imperfectly performed. And Dr. Flint of New York observes: "When new organic matter is appropriated by the tissues to supply the place of that which has become effete, the mineral substances are deposited with them; and the organic principles, as they become effete, or are transformed into excrementitious substances and discharged from the body, are always thrown off in connection with the mineral substances which enter into their composition. This constant discharge of phosphorus and of inorganic principles, forming as they do an essential part of the organism, necessitates their introduction with the food, in order to maintain the normal constitution of the parts. As these principles are as necessary to the constitution of the body as any other, they must be considered as belonging to the class of alimentary substances." This conclusion is inevitable if alimentation be regarded as the supply of material for the regeneration of the organism.

In inflammatory diseases of the brain, there is reason to believe that an unusually rapid disintegration of tissue takes place, a marked increase of the alkaline phosphates in the urine being always present. In proof of this may be cited the fact well-known to brain-workers, as well as to physicians, that laborious mental work, especially if coupled with worry and anxiety, is constantly accompanied with an increased excretion of the phosphorous compounds. "Unless this excessive waste (says Kirby again) be compensated, as often no doubt it instinctively is, by an increased consumption of food rich in phosphorus, and by periods of enforced repose, the nervous centres lose power, vitality is lowered, and more or less nervous exhaustion and physical prostration is experienced, a state so familiar to hard-working professional and literary men, who know it to be only recovered from by a lengthened period of rest, a cessation from mental labor, long and sound sleep, and nutritious food."

"Additional evidence," says Carpenter, "for the belief that the functional activity of the nervous tissue involves disintegration of its tissue by the agency of oxygen is found in the increase of alkaline phosphates in the urine when there has been any unusual demand upon the nervous power."

"No other of the soft tissues contain any large amount of phosphorus; and the marked increase in these deposits, which has been continually observed to accompany long-continued wear of mind (whether by intellectual exertion or by the excitement of the feelings) and which even follows any temporary strain upon its powers, may fairly be attributed to this cause."

"The most satisfactory proof is to be found in cases in which there is a periodical demand upon the mental powers; as, for example, among clergymen. When the demand is severe, and especially when there is that state of excitability of the nervous system which is frequently co-existent with a diminution of its vigor, a large quantity of the alkaline phosphates appears in the urine. And in cases in which constant and severe intellectual exertion has impaired the nutrition of the brain, and has consequently weakened the mental power, any premature attempt to renew its activity, causes a new and excessive phosphatic discharge in the urine."

The disease known as spermatorrhœa affords us the opportunity of observing the physiological effects of dephosphorized blood, and furnishes us with conclusive evidence that excessive waste of phosphorus is highly injurious to physical and mental

vigor. The spermatic fluid is rich in phosphorus, and its excessive emission from the system, in whatever manner effected, is highly pernicious. Deprived of their proper pabulum, the nervous centres are enfeebled, and the ultimate effects in the economy are precisely those resulting from overwork and excessive mental strain. The primal cause in both is the same and its characteristic is loss of nerve power. Cerebral and spinal paresis, neuralgia, epilepsy, melancholia, etc., are but various manifestations of the same condition, and, if these be neglected, structural changes, softening and paralysis, follow. That the phenomena of disease present in seminal waste so closely resemble those induced by severe mental toil, is very remarkable; but it is borne out by our daily experience in practice, although in the former the effects are usually more pronounced, more lasting, and more difficult to cure than those arising from the latter. Premature failure of intellectual power, loss of memory, impotence, "nervousness," depression, irritability, and despondency, are expressions of nervous derangements common to both. We conclude, therefore, that the essential elements of disease in both cases is the same, and blood which is dephosphorized is incapable of maintaining in a state of healthy functional activity the great centres of nervous force.

In connection with this subject, it may be well to mention that persons who indulge in sexual excesses (which are always attended with great nervous excitement and overwrought emotions, superadded to a material loss) not only lose mental and physical power earlier in life than others, but frequently suffer from loss of nerve power, and are peculiarly liable to diseases affecting the organs of respiration and circulation—phthisis, heart disease, etc.

It is unnecessary to go any further, to show that when, from any cause, phosphorus is deficient in the organism, the nervous system falls into a condition of denutrition, a state highly detrimental to bodily health and mental vigor, and prone to disease.

Now, how far this excessive elimination, with its consequences can be combated by feeding with phosphorus in another way than the natural, I am not prepared to say; but it seems to me that ordinary food cannot furnish sufficient to repair the damage. And still when we consider that if too long continued or taken in excess, it acts deleteriously on the very tissues which it stimulates and feeds, we should refrain from such a use of it. But here a question may arise. Is there not an intermediate position which may be taken so that

we can restore the tissues and yet avoid impairment of nervous vitality, gastric, hepatic and other derangements?

Is this not the case with sodium chloride, which next to calcium phosphate is the most abundant of the mineral constituents of the animal body? When taken in excess, does it not beget a scorbutic dyscrasia and other disorganizations? Still, how can we disregard the instinctive demand of the system for a substance, which takes such an active part in the phenomena of nutrition, especially its property of regulating the process of endosmosis and exosmosis?

And, again, is not iron like phosphorus, a constant and necessary constituent of the body? Is it not amply supplied to the system by means of ordinary food, especially by green vegetables, which contain it as an ingredient of their coloring matter? Does not the hæmoglobine, when robbed of its iron, cease to exert its regular influence upon the economy? Does not the blood again become a reparative fluid when fed upon it? If moderately given, does it not promote the formation of blood-disks of which it forms a part? If too long continued, or if taken in excess, does it not so affect the blood as to cause anæmia?

That phosphorus answers as food to the tissues of which it forms a part, experiments on animals seem to have fully demonstrated. In the process of ossification, for instance, when given in doses too small to affect the stomach and liver, its formative powers even surpass normal limits. Thus in the growing animal, instead of spongy tissue, a dense solid tissue was formed; while in the adult, the spongy tissue thickened and the compact became still more dense and after a time new bony tissue was deposited on the inside of the shaft, increasing till the bone actually became solid. The chemical composition of the bony tissue was found normal.

These experiments were conducted by Dr. Wegner on rabbits with doses ranging from 100th to 400th of a grain. From his statement we infer that large doses would be required to produce alterations of a morbid kind in the osteogenetic tissue or even elsewhere. But if the above results are applicable to man, why not reduce or discontinue the drug in order to bring the ossificatory process within proper bounds?

I cannot indorse his assumption that the influence of phosphorus on the osteogenetic tissue is of a local character. He asserts that the necrosis of the jaw caused by the fumes of phosphorus, is a direct action on the denuded bone, from dental caries or injury to the gums; channels through which he

supposes it reaches the jaw. He also found that under the influence of phosphorus, callus after fractures or resection becomes more dense and the formation of new osseous tissue is favored. Some surgeons speak highly of the administration of phosphorus then. The process is a physiological one.

It has been, and I think is yet given by the old school, in comparatively large doses, either to stimulate the brain and fit it for unusual exertions, thus obviating physical and mental exhaustion or depression, or to rouse the nervous system into activity in cases of great nervous prostration, occurring in typhoid fevers and other adynamic conditions. This is a perilous practice unworthy of our consideration.

But as the object of my paper in the present field, is mainly directed to show the important part which phosphorus plays in the animal economy as an inorganic constituent of its tissue and fluids, and as I have shown this at some length, I will now turn your attention to its physiological action, as a more profitable field for our therapeutical purposes.

GENERAL ANALYSIS.

The action of phosphorus is manifold and peculiar. Both vegetable and blood life suffer from its disorganizing and destructive action.

At first in the animal we observe a transient erethism, which easily passes into apathy and torpor, and may terminate in paralysis, from destruction of the nerve-force, and softening of the centres. The blood is altered qualitatively, and carries elements of disorder to the parenchymatous organs and gives rise to ecchymoses and hæmorrhages.* The latter are said to be due to fatty degeneration of the arterial walls. The changes which phosphorus causes in blood are various. The blood darkens in color even to black and liquefies, losing its coagulating power. There is also alteration in its corpuscular elements. The blood-disks decrease in consistency and in circumference; and the white corpuscles increase in number. According to Rummel the blood-disks separate into hæmatine and globuline, the former dissolving or floating as a purple coagulum in the plasma, the latter retaining its form. These changes will explain the sanguineous effusions which this drug causes.

* The petechiæ upon the arms are noteworthy. According to Orfila, the petechiæ caused by phosphorus are red, containing a somewhat bright-red, fluid blood; whilst those caused by arsenic are black or blue.

But phosphorus also spends a large share of its action in other regions; namely, in the osteogenetic tissue (especially of the jaw), in the lungs, liver, heart, etc. In the first region it invades the gums, then the teeth and subsequently the maxilla, causing caries and necrosis. In other osseous tissues also this drug may induce inflammation and suppuration with a simultaneous formation of callus. According to various authorities, it reaches the osteogenetic tissues by means of the blood, where it is supposed to be held in solution.

In the lung tissue it causes sanguineous infiltration and even hepatization. Many of the symptoms exhibited by the provers point sharply to a progressive action in the upper respiratory tract; namely, from larynx to trachea and bronchi; finally the pulmonary vesicles are involved.

Other drugs, as Bryonia or Tart. emetic, may dispute the place with phosphorus, when this progressive course stops short of the lungs; but as Dr. Hale so well asserts, catarrhal pneumonia in children complicates cases which begin with simple bronchitis and by the symptoms then present we will be compelled to give the preference to phosphorus.

Certain it is that no remedy surpasses phosphorus in specific relation to inflammation of the pulmonary tissue, when there is a tendency in the disease to deviate from its regular course and to assume the typhoid depression which is so characteristic of this drug.

Dr. Hale, of England, maintains also that the more the vesicular structure is involved, and the more the sputa assume a plastic character, the greater will be the necessity for the administration of phosphorus. If, however, the attack has had a catarrhal origin, the morbid process extending from the bronchial mucous membranes into the air-cells, the remedy that best fulfils the indications, is tartar emetic.

Let it be understood, however, that these are the remedies which have the closest elective affinity to the disease in question, but the choice, as in all other cases, depends upon the totality of the symptoms.

According to Hughes this remedy in pulmonary phthisis keeps down hyperæmia of the lungs, quiets cough and often moderates diarrhœa. He gives it no power to modify the true tubercular dyscrasia.

Hirschel asserts that in croup it will prevent paralysis and narcosis from carbonized blood.

The liver, heart and kidneys are also notably affected by phosphorus. In all of these organs it produces fatty degener-

ation. The liver especially is markedly altered in its structure. Hughes refers the neurotic and hæmatic phenomena to the suspension of the functions of the liver and kidneys from metamorphosis of their secreting cells.

Phosphorus poisoning soon induces jaundice, with pain and tenderness over the liver, diarrhœa and later with clay-colored stools. At first the liver is apparently enlarged, but afterwards it becomes considerably lessened. It closely resembles yellow atrophy. When there is jaundice the urine contains biliary acid and coloring matter, with leucine and tyrosine. Post-mortem examination reveals this viscus either enlarged, with its cells in a state of advanced fatty degeneration, or contracted from destruction of its cells. Ebstein maintains that the jaundice is not due to destruction of the liver-cells, but to catarrh of the small biliary ducts, causing obstruction and leading to absorption of bile. The ductus communis choledocus has sometimes been found occluded by a tenacious plug of mucus, thus greatly assisting the obstruction of the smaller ducts in the production of jaundice.

The presence of biliary acids in the urine, when jaundice occurs, says Ringer, certainly supports the view that the jaundice depends upon absorption from obstruction of the ducts, rather than from suppressed secretion owing to the destruction of the liver cells.

Fatty liver, according to Addison, gives rise to changes in the color of the skin, which if constant, would prove of great value in diagnosis. The skin is pale, anæmic, semitransparent, and waxy, and at the same time soft and smooth like satin. The paleness may be clear or of a dirty-yellow hue. It may be present in any locality, but most distinctly marked in the skin of the face. Such cutaneous changes are not infrequently observed in tuberculous females in whom fatty liver is usually present.

The kidneys are similarly affected, the epithelium being swollen, granular, fatty or broken up. Under the microscope, the single urinary canaliculi were found full of large fatty drops. It is in the cortical portion that this fatty metamorphosis is most marked. The urine is generally scanty, albuminous and sometimes bloody. Dr. Hughes thinks that the renal affection may be secondary to that of the liver.

The cardiac and voluntary muscles as well as other structures are involved in this fatty change. Wegner has traced this degenerative process in the arterial system, down to the microscopic arterioles.

"According to Bamberger the structural change in the heart is a deposition of fatty granules in the primitive fibres, so that the whole muscular texture is lost and the sarcolemma is filled up with closely standing fat-molecules. The heart becomes pale, yellow, very friable, and can easily be torn. The extension of the fatty degeneration goes *pari passu* with the weakness of the heart."

The intensity of the degenerative action of phosphorus on muscular tissue, reveals it at once as the remedy for fatty degeneration of the cardiac muscles.

No agent, says Meyhoffer, has a more vitalizing effect on the heart and circulation than phosphorus when fatty degeneration is the proximate cause of its impaired condition.

According to Buchner, phosphorus is the very antipode of the versatile Arsenicum, the latter affecting the left heart, the former the right; or in other words, Arsenicum causes arterial stagnation and phosphorus venous stagnation, with or without disturbance of the lesser circulation.

In the gastro-intestinal tract its action is not less marked. It sets up a general inflammation of the glandular structures of the stomach and intestines; hence the mucous membranes are found thickened and whitish. The epithelium is granular or fatty and much degenerated or even broken up. This glandular affection has been called by Virchow gastro-adenitis. Hughes asserts that when it becomes oxidized in the stomach and hypophosphorous acid is formed, it causes, like corrosive poisons, gastro-enteritis.

Moderate doses cause an abnormal excitement of the sexual functions; but this irritation is soon followed by debility—an irritable weakness such as is found after venereal excesses and masturbation.

SPECIAL ANALYSIS.

I will not fatigue you with a systematic outline of drug phenomena, nor with their delicate shades of difference, as I have only endeavored to draw from the great mass of accumulated symptoms contained in our *Materia Medica* salient points, useful in the study of the drug under consideration. Its unique effect is deducible from an examination of its nervous phenomena.

It begets a typhoid-like depression, which is always preceded by a nervous and vascular irritation; but the transition from one condition to the other is always easy. This peculiar

erethism gives at the start a distinctive feature to phosphorus, and, as Dr. Farrington so well asserts, never do its symptoms point to an increase of animal power or to a genuine stimulation of function, but rather to that irritability which is called irritable weakness.

The vascular irritation may be general or partial. When partial the head and chest are affected and the resulting phenomena accompany nearly all other symptoms.

When the mind is entangled in this transient erethism, the fantasy is exalted, thought is over-active, and memory too acute; but this condition easily runs into apathy with lessened ability to mental work and with a weak feeling of the head; even then we find oftentimes trembling and jerking of the muscles, as if the irritability had not entirely abated. If study or reflection is persisted in, body and mind become exceedingly irritable. In such a condition there is great susceptibility to all external impressions; to light, sound, odors and touch. The over-sensitiveness is so great that even electric changes, as in thunderstorms, distress him and aggravate all existing symptoms. He is excitable, easily angered and vehement, but from all this he suffers afterward. The least unpleasant impression dispirits him. As further evidence of this peculiar erethism we have lascivious mania, venereal orgasm, puerile hallucinations and delirium; all precursory of depression. The delirium may be transporting, but usually it passes into apathy and even coma. The indifference is sometimes so marked that he neglects his own children; the sluggishness such that he dislikes to talk, and answers slowly or not at all.

These symptoms, using Dr. Farrington's own words, "show an excitement it is true, but it is an erethism which is quickly followed by a mental prostration that warns us of impending cerebral paralysis and demonstrates how certainly is excitement followed by weakness in the phosphorus patient."

Among the sleep symptoms we notice restlessness at night and constant dreaming; sleeplessness; frequent waking in the night with chilliness or from feeling too hot, but in the morning he feels tired, as if he had not slept enough, or after rising as if paralyzed and bruised. Symptoms which seem to explain also the versatile quality of this drug.

In the head symptoms we find again evidence of this irritable asthenia. The pains are generally of a drawing character, with exaltation of the sensorium and subsequent depression. On one side we notice fulness, with stoppage of the ears and tinnitus, or orgasm of blood, heat and buzzing in the head;

on the other, a decided sensation of weakness, aggravated by thinking, music, stooping or hard stepping. The loud resonance of all sounds, as well as the throbbing, roaring and buzzing, seem to be the result of this exaltation of the brain.

"The head symptoms," says Dunham, "display the characteristics of the action of phosphorus upon the organism. Exaltation intermingled with and followed by depression, not merely of the vegetative system, but also and especially of the nervous energy, until finally we have in the tumultuous orgasms the quasi-congestion and yet the apparent anæmia of the cerebral mass, a complete picture of the effect of *pari passu* exhaustion; of both organic and nervous exhaustion; such, for example, as follows the too free exercise of the intellectual and sexual functions, or of both combined."

In the sexual symptoms of phosphorus we find once more the corroboration of its peculiar behavior. The excitement is transient and followed by a long-lasting depression, with absence of desire, or imperfect erections, too rapid ejaculation of semen and frequent involuntary emissions with, as was observed before, an irritable weakness.

As unerring signs of this irritability, Dr. Farrington reminded us also, of the characteristics of the phosphorus paralysis; such as, formication, numbness, trembling, muscular contraction, and increased heat in the affected parts.

We can easily see, that when we are acquainted with this versatility of phosphorus, we have the key for its distinction from other erethistic remedies; and by applying also a knowledge of its other characteristics we will clearly appreciate its range of usefulness.

PELVIC SUPPURATION; TREATED BY ABDOMINAL SECTION AND DRAINAGE.

BY W. E. GREEN, M.D., LITTLE ROCK, ARKANSAS.

On March 3d, 1883, I was called to see Mrs. McClelland, æt. 19, who for four months had been suffering from a pelvic tumor. Her illness dated from her first confinement, which was severe and protracted. After seventy-two hours of suffering, labor was terminated by the use of forceps, and she was delivered of a dead fœtus. At the expiration of the fifth day inflammatory symptoms appeared, accompanied by other manifestations of pelvic cellulitis.

The patient grew rapidly worse, and within a few days decided indications of suppuration supervened. The tumor was

aspirated, and a large quantity of pus drawn off, with prompt alleviation of her suffering. Within the usual time there was a re-accumulation of purulent matter, and the operation was repeated. This line of treatment, in conjunction with the administration of large and repeated doses of nauseous medicines, was persevered in by her physician for four months. Nature, now exhausted, would endure no more. The patient, anemic and emaciated, unable to retain nourishment, was sent home to Little Rock to die.

The above is the history of the case as it was given to me at my first visit.

Upon examination, I found a large tumor which had risen out of the pelvis and which filled the right lumbar and umbilical regions. The tumor was tense, and emitted a tympanitic resonance over its superior surface. This led me to suspect that the adherent intestines occupied a position between the tumor and the abdominal walls; but a more careful examination excluded this complication. The womb was drawn high up, and no fluctuating point could be reached through the vagina. Just back of the cervix a small fistulous opening was detected, through which pus would be discharged by making pressure upon the tumor. The patient's temperature was 103°; pulse 150 and weak; tongue heavily coated at the base, with red tip and edges. There was entire loss of appetite with nausea and vomiting, continued thirst, and severe abdominal pains which greatly prevented sleep. The bright and staring eye, the pale and waxy skin, the rapid and feeble pulse, and the restless toss of the patient, all indicated the near approach of final dissolution.

I advised that an abdominal section be made and permanent drainage established. This was the only hope of relief that I offered. As all other means had been tried by her former attendants, six in number, my recommendation was acceded to.

Assisted by Drs. H. Z. Landis and Frank P. Green, I proceeded to operate. The patient was etherized, and an incision two inches long, two inches to the right of, and on a level with the umbilicus was carried down to the peritoneum. At the lower angle of the wound firm adhesions existed. Therefore, the peritoneum was not opened. But the incision was extended downwards in the direction of the adhesive attachments. The sack was now opened, which gave vent to a profuse discharge of gas, and three pints of most offensive, purulent matter were evacuated. After making a careful exploration of the cavity, a rubber drainage tube was introduced, and the wound closed.

The sack was washed out with a lotion of calendula and carbolic acid. This was repeated every day until the discharge ceased.

The patient soon rallied and expressed herself as feeling very comfortable. The next day her temperature fell to 100° , and her pulse to 120° ; the nausea ceased, and she was able to take substantial food. After the third day the temperature remained normal, and the pulse slowly declined to the natural standard. She sat up at the expiration of the second week; the tube was removed on the 28th day, after which the wound rapidly closed.

At the present writing she is entirely well, and presents an astonishing picture of robust health.

ENLARGED TONSILS.

BY WILLIAM W. VAN BAUN, M.D.*

(Read before the Philadelphia Medical Club.)

Definition.—"Chronic inflammation of the tonsils, giving rise to persistent enlargement of the constituent structures of the diseased parts, and to impairment of the functions of the glands."*

Anatomy.—The tonsils (*amygdalæ*) are two glandular organs, situated one on each side between the pillars of the fauces, in a recess bounded internally by the base of the tongue. They are of a rounded form, and vary considerably in size in different individuals. The inner or pharyngeal surface presents from twelve to fifteen orifices, the openings of rather large channels which penetrate the glands, and around which are collected the follicles.

"These follicles are lined by a continuation of the mucous membrane of the pharynx, covered with epithelium, their walls being formed by a layer of closed capsules embedded in the submucous tissue; they contain a thick grayish secretion.

"The arteries supplying the tonsils are the *dorsalis linguæ*, from the lingual, the ascending palatine and tonsillar, from the facial, the ascending pharyngeal from the external carotid, and the descending palatine branch of the internal maxillary.

"The veins terminate in the tonsillar plexus, on the outer side of the tonsil.

* Mackenzie; "Diseases of the Larynx, Pharynx, and Trachea," p. 46.

"The nerves are derived from the fifth, and from the glosso-pharyngeal.

"The internal carotid artery, with the internal jugular vein, the vagus, and the glosso-pharyngeal nerve lies half an inch, and the external carotid about four-fifths of an inch posteriorly from the face surface of the gland."*

Etiology.—Hypertrophy of the tonsils is sometimes congenital. It is frequently met with in the first months of life; from this time on to the tenth year, cases are very numerous. During the periods of adolescence the disease not unfrequently becomes developed, owing, as some suppose, to a sympathetic connection between the sexual organs and the tonsils.

This morbid condition of the tonsils is very rarely encountered for the first time in persons of thirty or thirty-five years.

The male is more liable to the affection than the female, in the ratio of two to one.

The subjects of hypertrophy are usually those who are suffering from a constitutional taint, as scrofula, syphilis, tuberculosis, or from a rheumatic diathesis, or from anæmia, following acute or severe diseases, as scarlatina, measles or small-pox, with throat complications. As a rule, whatever the cause of the hypertrophy may be, after the age of thirty there is a tendency to a spontaneous cure, the volume of the glands steadily decreases, and at the age of fifty an enlargement is rarely found.

Usually there is a history of successive attacks of more or less severe tonsillitis; sometimes, however, the cases seem to be chronic from the outset.

Symptoms.—The patient presents a peculiar stupid or silly countenance, with open mouth, drooping eyelids, and thick voice. On looking into the pharynx we can at once perceive the hypertrophy; this may vary from a mere projection of the glands from the folds of the palate, to an enlargement so great that the tonsils meet each other in the median line of the pharynx, and entirely conceal its posterior wall from view. The glands have been known to become adherent. Mere inspection will not always reveal the entire enlargement of the glands; the extent of the growth must be explored by aid of the finger. It will at times be found to be enlarged from above and below. In the former instance, we sometimes find it pressing the pharyngo-palatine fold or the

* "Gray's Anatomy," p. 718.

palate itself against the pharyngeal orifice of the Eustachian tube, thus causing impairment of hearing, and at times severe earache. This interference with audition is not so much due to mechanical obstruction to the Eustachian orifice by tonsillar growths as to a general thickened condition of the mucous membrane of the pharynx, the result of inflammatory hyperplasia.

"Michel has shown, that this form of deafness is often due to the pressure of Luschka's tonsil upon the posterior lip of the Eustachian orifice. Inferiorly, in rare cases the tonsils may be so enlarged as to press upon the larynx, and even prevent phonation."

Cohen says, "I have known a tonsil to press the epiglottis down to one side, preventing deglutition of solids, and giving rise at night to attacks of suffocation.

"Both glands are hypertrophied, but not always to the same degree; sometimes but one gland is enlarged; this may be ulcerated; it is usually a complication of pulmonic phthisis."*

Any considerable degree of enlargement gives rise to difficulty in deglutition, respiration and articulation.

There is generally noisy breathing,—often snoring,—during sleep, owing to the nasal cavities being partially shut off from the lower part of the pharynx by the enlargement, the patient being thus obliged to keep his mouth open. It also occasions a peculiar leaning of the head forward, or to the side least affected. The sense of smell and taste are frequently more or less defective. At times there is a difficulty in opening the mouth, owing to the enlarged tonsils interfering with the movements of the angle of the jaw, and in aggravated cases to more or less enlargement of the cervical glands at the angles of the jaw. In infants enlarged tonsils often interfere with sucking.

In cases of slight enlargement we sometimes have a jagged surface and dilated lacunæ, presenting a honeycombed appearance; from the dilated canals will be found hanging shreds of adherent viscid, inspissated mucus. The gland is often in a state of chronic inflammation, and is frequently accompanied by chronic pharyngitis, coryza, and bronchitis.

The most serious of the evil results attendant on hypertrophy of the tonsils, is that arising from prolonged interference with free respiration. This interference leads to

* Cohen; "Diseases of the Throat and Nasal Passages," p. 226.

characteristic deformity in the thoracic parietics, chronic emphysema, and eventual impairment of the general health.

Pathology.—"The diseased condition is a true hypertrophy, a veritable hyperplasia, in which the volume of the glands is not only increased, but increased by a multiplication of all those constituent tissues and follicles."—(*Virchow.*)

On section, an enlarged tonsil will cut with a creaking noise, owing to thickening and induration; at other times it is characterized by softness and friability. The color of the cut surface varies from a dusky red, to a dirty yellow hue. The lacunæ are seen to be dilated, and to have their walls thickened; their cavities are filled with a viscid mucus, which, at times, undergoes caseous or calcareous degeneration. The follicles are always increased in size, and sometimes in number; the capsule of the tonsil is generally thickened and indurated; frequently the lymphatic glands of the jaw are enlarged.

Diagnosis.—Hypertrophy is recognized at a glance by inspecting the throat. If further assistance is needed, Mackenzie's plan of placing the first finger of one hand on the internal surface of the tonsil, and that of the other hand externally, just behind the angle of the jaw, an accurate diagnosis can at once be arrived at.*

Prognosis.—In rare cases, hypertrophy of the tonsils may exist in adults and children, without causing any inconvenience. The enlarged tonsils sometimes spontaneously regain their normal dimensions about the age of puberty, but the general health of the patient is usually greatly impaired by neglecting to attend to them. In adult life they seldom produce serious consequences, but they do occasion local inconvenience. After the age of thirty, there is a gradual diminution in the size of the tonsils, and a gradual cessation of all troublesome symptoms.

Treatment.—The treatment is conveniently divided into constitutional, local, and operative.

Constitutional Treatment.—The general health must be improved by a judicious regimen. The diet should be generous, nutritious, and unstimulating, avoiding those articles of food which are found to be deleterious, and which vary in different individuals. Strong liquors, smoking, the use of hot spices and condiments; public speaking and singing in precocious children, must be put a stop to. The functional integrity of the skin, bowels, and kidneys, should be carefully looked

* Op. Cit., p. 50.

after. A change to the seaside often proves highly beneficial. At the same time frequent compression of the glands, between the fingers of each hand—one upon the tonsil, and the other outside of the throat—assists the process of absorption.—(Cohen.)*

With the above means we must associate the continued application of the indicated remedy; as, Ammon. mur., Bell., *Baryta carb.*, *Baryta mur.*, Calc. carb., Calc. iod., Calc. phos., Hepar sulph., Ignatia, *Kali mur.*, Lycop., Merc., Nit. ac., Sulph., Silic., and Syphilinum (when a symptom of hereditary syphilis.)

The medicine must be well selected, used in not too low a potency, and persevered in; negligence of patients, and want of perseverance of practitioners, have been the cause of many quite curable cases being abandoned as hopeless. Where the enlargement is of comparatively recent standing, the hypertrophy moderate, the consistency of the tumor soft and elastic, the constitutional treatment will often eventuate in a cure, especially in children of tender years. But in long standing cases, where the tonsils are very much enlarged, and very hard, we have to proceed to more heroic treatment.

Local Treatment.—Applications in general use are as follows: astringent preparations, as Glycerate of tannin, Tincture of steel, with Glycerine; Nitrate of silver, Chlorate of iron, Tincture of iodine, Iodide of zinc; finely powdered Alum or Tannin, applied by means of the pharyngeal spatula; recent Ox-gall; Vienna paste. Mackenzie† reports great success with London paste; it is composed of equal parts of caustic soda and unslacked lime; it is made into a thick cream by rubbing it up with a sufficient amount of absolute alcohol; this is applied in small quantities, to the desired parts, with the pharyngeal spatula. It is less severe than Caustic potash and Vienna paste; but, like all other local applications, will prove to be both tedious and unsatisfactory.

Recent authorities are advocating pointed sticks of nitrate of silver, or chloride of zinc, or fused nitrate of silver on a platinum probe, or aluminum wire carried into the lacunæ, and worked around a few seconds; small sloughs are thus formed and discharged, the tonsils contracting, owing to cicatrization, which follows.

Operative Treatment.—The operation consists in the removal of a portion of the tonsil by excision.

* Op. Cit., p. 228.

† Op. Cit., p. 51.

History.—As regards the antiquity of the operation, there is none more honored than tonsillotomy.

"Celsus*—A.D., 10—speaks of excision of the tonsils with such familiarity, that it was evidently looked upon as a very ordinary operation in his day. His directions were to loosen the tonsils with the fingers, from the surrounding membrane, and then to tear them out; if this failed, to seize them by a hook and excise.

"Ætius—A.D., 490—is the next writer to give an account of this operation; he is more guarded in his remarks on the subject.

"Paul, of Ægina—A.D., 750—is very precise as to the method of operating; he favored abscission.

"Albucasis—A.D., 1170—followed in the footsteps of Paulus Ægineta; he gave the same directions for performing the operation; he, however, feared hæmorrhage.

"Subsequently, for a period of about four centuries, the operation became almost obsolete.

"Ambrose Paré—1509—fails to mention excision of the tonsil, suggesting tracheotomy where the enlargement becomes serious, and hinted at ligaturing the hypertrophied glands.

"Guilleman, Paré's pupil, advocated bolder surgical measures, and advised partial removal of the gland by excision or ligature.

"In 1637 Severini, an Italian, made frequent use of the operation. After his time, it again fell into disuse for nearly a century. A number of authorities of this period strenuously opposed the removal of the tonsils.

"After 1740, the operation was revived, and has steadily grown in favor.

"In the latter part of the 18th century, the usual method was for the surgeon to seize the tonsil with a vulsellum, draw it as much as possible toward the median line, cut off with scissors, the projecting portion on a level with the pillars of the fauces. After a time the scissors gave way to the bistoury, and many operators of the present day employ the forceps and the knife."

Excision.—Where the patient co-operates with the surgeon, this is readily accomplished; but when he struggles (as in children) we cannot watch the course of the knife; in cases of this character, anæsthesia is requisite. Where it is resorted to,

* Mackenzie: Op. Cit., p. 52.

a safe method to keep the mouth open, must be adopted. Cohen's* mouth distender, or Whitehead's gag will answer the purpose; at the same time we must have at hand appliances to draw the tongue forward in case of impending suffocation from hæmorrhage, as a pair of vulsellums, Dobell's tongue holder or Elsberg's depressor.

The best and most effectual method of excision, is by use of the tonsil guillotine or amygdalatome. Where adhesions have taken place between the glands and the palatine folds, it will greatly facilitate the operative measures by severing or rupturing the bands of tissue.

The invention and perfection of instruments to increase the practicability of this operation, has called forth great human ingenuity. American genius has not been wanting. The first tonsillatome was invented by Dr. Physick of Philadelphia, in the year 1827. This instrument, as modified by Mackenzie, of London, is still the favorite one with American and English surgeons.

Five years later (1832), Dr. Fahnestock, of Lancaster, Pa., invented an instrument for excising the tonsils, which he called "a sector tonsillarium;" this is probably the best known instrument throughout the world. The original pattern has undergone more modifications than any other, and it is almost universally used.

Mackenzie has invented a double guillotine, by means of which the tonsils can be simultaneously excised. This answers fairly well where both tonsils are hypertrophied to the same extent.

Chassaignac has suggested to remove the glands by means of the chain-ecraseur; this has proved unsatisfactory, except in cases of enormous hypertrophy.

S. W. Gross, of Philadelphia, has substituted a chain for the knife in Physick's amygdalatome, tightening it by a double-lever movement. The principle of these instruments is to fix the glands, and to remove the desired portions, by one continuous division.

Dr. Cohen† has used the galvano-cautery to destroy the enlarged tonsils. He also recommends the use of electrolysis for reducing the size of the glands; ten or twenty operations are necessary for the accomplishment of the purpose. He frankly asserts that, "in some instances the results have not been worth the trouble of the performance."

* Op. Cit., p. 229.

† Op. Cit., p. 234.

Hæmorrhage.—This portion of our subject is worthy of more attention than it is customary to bestow upon it. Although serious hæmorrhage is comparatively rare, it is impossible to know which case will be associated with alarming, or even fatal bleeding. We must, therefore, be forearmed, and ready for any emergency that may arise.

The profession is governed by two widely different views on the question of hæmorrhage after tonsillotomy. The general practitioner, on the one hand, looks upon the operation as one likely to be followed by a profuse, if not serious hæmorrhage, while on the other, the specialist (to judge from their works) would lead you to the belief, that it is the most unlikely occurrence in the annals of surgery. A midway position of these two extremes is unquestionably nearer the truth.

Dr. Lefferts,* of New York, has summarized hæmorrhage after tonsillotomy, as follows :

1. "A fatal hæmorrhage after the operation of tonsillotomy is very rare.

2. "A dangerous hæmorrhage may occasionally occur.

3. "A serious one,—serious as regards both possible, immediate, and remote results, is not very unusual, and

4. "A moderate one, requiring direct pressure, or strong astringents to check it, is commonly met with."

Reversing the order of this arrangement we will proceed with the methods of controlling hæmorrhage after the operation, premising our remarks with the statement, that in the majority of cases the hæmorrhage will stop spontaneously, on application of ice.

1st. Moderate hæmorrhage. Due to long-standing chronic inflammation, with much induration, or to injury to the palatine folds, the vessels being cut longitudinally, and not able to contract. Controlled by ice, simple astringent washes, or gargles, as alum, tannin, tanno-gallic acid,† or very hot water; these proving inefficacious, we must resort to direct pressure, or, in extreme cases, the direct application to the bleeding-points of solid nitrate of silver, administering at the same time one of the more prominently-indicated internal remedies, as Chin., Arn., Phos., Croc., Erig., Ipec., Tril., Bell., Sabina, Carbo. veg., Ham., etc.

2d. Serious hæmorrhage. Caused by injuring the venous plexus at the bottom of the tonsillar fossa, or by cutting di-

* "Archives of Laryngology," vol. iii., No. 1.

† Mackenzie : *Op. Cit.*, p. 54.

rectly across an arterial branch. The former is quite profuse and persistent, and needs careful attention; it is frequently kept up by efforts to clear the throat, and the movements of deglutition. Treatment: rest of parts, pressure, actual cautery, etc. In the latter case, if the patient is cool, and the throat tolerant, the bleeding is checked by seizing the vessel, and twisting. In young children it is a serious matter on account of the difficulty of controlling the terror-stricken child, so as to facilitate remedial efforts. In such cases anæsthetics are allowable, and should be used.

In this division we frequently meet with secondary hæmorrhage, occurring two or three hours to some days after the operation. In these cases the first and most important requisite is to clear the throat of all clots and *debris*, so as to enable a differential diagnosis; we are then to proceed as described above. Styptics, as a rule, are objectionable, especially the sub-sulphate of iron—Monsel's salts. When it is applied it covers the wound with black, sticky clots, which interfere greatly with further examination of the surface; it prevents rapid healing, and occasionally gives rise to suppuration. In connection with its use we frequently have secondary hæmorrhage occurring; the blood wells up from the surface beneath the black, leathery covering.

3d. Dangerous hæmorrhage. Very rare; usually due to some anatomical anomaly, as the superficial situation of the ascending pharyngeal or palatine artery. Controlled by pressure; where it is possible, twisting the artery by means of the forceps; if this fails, it will be necessary to ligate the external carotid half or three-quarters of an inch above the bifurcation. In exceptional cases the ascending pharyngeal artery has been found to arise from the internal carotid within the first inch of its course,* where this occurs, ligation of the external carotid will prove of no avail; tying the trunk of the common carotid is the *dernier* resort.

4th. Fatal hæmorrhage. Due to direct surgical injury to the internal carotid. Velpeau has reported four cases in which the internal carotid was laid open. The fatal result may also be due to venous bleeding from enlarged and dilated blood-vessels, etc.

Finally, the question of the virility of the individual being affected by tonsillotomy, may be disposed of Yankee fashion, by asking another: Why, then, is it that so many persons both

* Leffert, loc. cit.

male and female, operated on at periods representing all ages, from six to thirty, are blessed with such an abundant progeny?

CONSERVATIVE vs. ALLOPATHIC SURGERY.

BY SAMUEL EDEN, M.D., BROOKLYN, N. Y.

MAGENDIE, of Paris, once upon a time made the remark, "I hesitate not to declare, no matter how I shall wound our vanity, that so gross is our ignorance of the real nature of the physiological disorders called diseases, that it would perhaps be better to do nothing, and resign the complaint we are called upon to treat, to the resources of nature, than to act as we are frequently compelled to do, without knowing the why and the wherefore of our conduct, and at obvious risk of hastening the end of the patient." And how aptly these words apply to "surgery" in our day, was forcibly brought to my mind on March 31st, 1883. A man presented himself for examination for life insurance. I found him sound in every particular, but with the following history: he had been shot in the abdomen July 4th, after Fisk was shot, while handling a pistol, in almost the same spot that Jim Fisk was injured, one inch below, and to the left of the umbilicus, the bullet remaining among the intestines. Dr. Bryant, of Adelphia Street, Brooklyn, was called one half hour after. Without attempting to probe for the ball as did poor Fisk's doctors, also abstaining from the use of "liquors of any kind and morphine, Dr. B. placed his patient on his back, knees raised to relax abdominal muscles," tincture Aconite as a remedy with a compress of calendula and water upon the wound. In that condition, and under that treatment he was kept all day. Pain in the evening very acute, respiration regular, but pulse weak; at midnight abdomen tender to touch and tympanitic; the following day he was about the same. Milk and iced tea were all that was allowed. On the third day he was rather worse; countenance sunken, temperature diminished, extremities cold, pulse low, eyes glassy, and mind wandering, still conscious, and would answer when aroused. Arsenicum was now prescribed in water, hourly. Next morning the pulse became stronger, abdomen less painful and tympanitic; he expressed a desire for food, which was permitted in the form of beef extract and rice-water; on the fourth day the wound began to show signs of healing, being now partially glazed over; improvement still marked on fifth day, patient wanting

to sit up; he was still kept in bed, but diet increased, a little ice cream allowed; on the sixth day the pain had entirely disappeared; on the seventh day he walked across the room, a little weak, but as well as ever, and has continued well all these years.

What if he had been under the care of Fisk's six eminent physicians instead of one homœopath?

Mr. Seney should have at least one conservative surgeon like Bryant on his new hospital staff, if his views are as broad as his heart is large. The above facts occurred at the time of the Stokes trial. The defence claimed that Fisk might have been saved; how truly, may be judged by the reader of this case, parallel in all but the fatal result.

ACONITE IN HEART DISEASE.

BY H. J. SHINKLE, M.D., ROXBOROUGH, PA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

DECEMBER 14th, 1882, I was called to attend Frank H., æt. 63, suffering from a deficiency of the mitral valves. Mitral regurgitation was marked. A general anasarca had supervened; the eyes were bright and piercing, but had a haggard, frightened expression; at times the whole countenance was convulsed. There was intense dyspnoea, a spasmodic, dry cough, entire loss of sleep, due to an intense fear of smothering; the thorax in the left side was protruded to a marked extent showing an undoubted hydropericardium; the abdomen was slightly cedematous; the limbs so much so that the cuticle had given way, the left arm was cold, bluish, and useless; the skin sallow, dry, and leathery; the breathing hurried and anxious; the speech spasmodic, and interrupted by gasps; the pulse was 45, hard and full; the urine highly colored and scanty; bowels constipated. Patient had been under steady allopathic treatment for six months.

R., Acon. 1^x in water, a teaspoonful every hour.

The next day the patient was sitting in a chair; said he had not had such a night's rest for six months; his pulse was 55; his breathing less hurried; cough less; urine freer; skin moist; the oppression of chest better.

December 16th, found my patient walking with the aid of a cane, and feeling "like a new man." Acon. 3^x was prescribed, to be taken as before directed.

December 19th, was still improving; sleeping with ease and

comfort—three or four hours without waking; improving so much I left him for a week; when I called again he was down stairs and met me with a smile, saying that if homœopathy was as successful in every case before long it would sweep the country.

December 30th, saw him again; he was suffering no pain at all; had no symptoms of increasing pain or discomfort. *R.*, *Acon.* 12^x.

January 1st. The thorax during the night became completely ecchymosed, especially over the left side and cardiac region, the breathing was more hurried; but *Acon.* kept down all pain. The patient, however, gradually sank until on the 7th of January he passed away quietly in sleep. To the use of *Acon.* do I attribute the relief from a painful and suffering death for he suffered intolerable anguish at times while under old-school treatment, while the relief obtained from the *Aconite* was almost marvellous.

Miscellaneous Contributions.

SANITARY NOTES.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

THE WATER SUPPLY OF CITIES.—The consequences of the aggregation of population in one spot are far-reaching. A casual observer would find it difficult to realize the fact that the existence of New York, Philadelphia and Boston has a direct effect on the comfort and the pockets of residents of wild and sparsely-settled districts, fifty or sixty miles from these centres of population, in regions untraversed by railroads and incapable of being made productive. And yet the necessity for furnishing to the thronged denizens of the city a supply of the simplest necessary of life, pure water, is now causing a justifiable excitement in the minds of the farmers and property-owners of remote rural regions in which water-courses take their rise, and of more thickly-settled and cultivated places through which these streams flow to the cities. Both New York and Boston derive their water-supply from limited areas. It has become necessary to store up the surplus waters of the wet season in order to supply the deficiencies of other seasons. Large tracts of arable or pasture land in the valleys are confiscated for this purpose, and thus many farms which have yielded a subsistence to their occupants for

generations are now practically destroyed. The borders of these artificial lakes are frequently rendered uninhabitable. In the periods of filling or drawing down the ponds, owners on the stream below are deprived of water, and the supply of mills and factories is cut off. More than this, it becomes essential that each dweller on the streams above the points where they are tapped shall be restrained from polluting the streams, and so he is forced into the construction of expensive sewers. This has already become a very grave question. It seems unfair that the water-supply of a city should be secured at the sacrifice of suburban regions. Still, there seems no help for it; water for the cities must be had, and no private interests or convenience can be allowed to stand in the way of accomplishing this object.—*The Sanitary Engineer.*

THE ADULTERATION OF FOOD.—The New York State Board of Health has been very active in prosecuting the manufacturers of fraudulent food products. As there is no such Board in Pennsylvania, and as that in New Jersey is not remarkably energetic, an immigration of such manufacturers into these two States may be expected.

TREE PLANTING AND FOUNTAIN SOCIETY OF BROOKLYN.—This society, established for the purpose of promoting the planting and protection of trees, presents the following suggestions to those who may feel disposed to lend their aid to the good work. In the first place, it is very desirable to secure concert of action. Instead of individual effort, it would be far better if the residents of a block would combine and employ a competent person to set out a certain number of trees. Others on the same street would soon follow the example. At the outset, the question of light and shade should be carefully considered, in order that houses may not be rendered damp, or the free circulation of air be obstructed. In narrow streets, perhaps only one side should be shaded, though at the corners extra trees may be planted to protect from the sun. Trees ought to be upright and well proportioned. The American elm and oak and the Oriental sycamore are broad-spreading trees, and so are useful for avenues. Many select the silver maple on account of its rapid growth, but its branches are thin and easily broken. Sugar-maple, scarlet maple, Norway maple, and several varieties of elms, are among the best for narrow streets, but the former is perhaps the best of all. It is tractable, strong, shady, clean, of rapid growth, and generally symmetrical. We shall at all times be pleased to impart any information we possess, and to

co-operate with the public in rendering the city attractive. One drinking-fountain, at least, should be furnished this spring, and we urge those who feel inclined to unite with us in this work to send their address to the treasurer.

It is time for other cities to follow the example thus set by Brooklyn.

VENTILATION IN SCHOOLS.—The best means of ventilation is by a steam fan. "A good device is the shaft or draught-chimney, which is kept 'drawing' by the iron smoke-flue from the heater, which passes up through it. But this system is unreliable in mild weather. For small rooms with stoves it is feasible to have each stove boxed around with an iron screen, with an inlet for the introduction of fresh air. This air, when warmed, readily passes through holes in the screen and spreads throughout the room. The volume of air may be ample, yet, if means are not provided for its purification and replenishment, the room is practically unfit for school purposes. Early habits of reading and writing should be formed very carefully. Seats ought to be chosen so as to avoid uncomfortable and awkward positions. Excessively fine maps and fine map-drawings are prejudicial, and the position of the windows, as well as the quantity of light supplied, is of the greatest importance to prevent injury to the eyesight of the pupils."—*Dr. D. F. Lincoln.*

THE FRENCH DECREE CONCERNING WORK OF CHILDREN IN FACTORIES.—The *Sanitarian*, quoting from the *Journal de Médecine de Paris*, says: By special decree, children are prohibited from working in the manufacture of salicylic acid, carbolic acid (*l'acide phénique*), celluloids and similar products, and in the manufacture of the chloride of sulphur, on account of possible injury from vapors, explosions or burning.

THE DANGERS OF ULTRAMARINE WALL-PAPERS.—Dr. Bernbeek (*Pharmaceutische Zeitung*) calls attention to an inconvenience resulting from the use of ultramarine in the coloring of wall-papers. He states that the air of a room so papered smelled of sulphuretted hydrogen, the source of which long escaped detection. Eventually, however, after a close examination, it was found that the ultramarine on the surface of the paper was slowly decomposing under the influence of the alum in the paste. A piece of the wall-paper steeped in a very dilute solution of alum gave off sufficient sulphuretted hydrogen to be perceptible to the nose and to blacken lead-paper.—*Sanitary Record.*

CAUSES OF INFANT MORTALITY.—The laws in some of

the Swiss cantons forbid the employment in factories of women for six weeks before and after delivery. They are sent home and a mere nominal deduction is taken from their wages. It is the custom in the Rheinland for mothers to take their infants with them into the fields, exposed to cold and wet. Amongst the Catholics pulmonary affections, so fatal to children, are supposed to be contracted by the custom of taking them on the third day to be baptized, regardless of weather or of distance. A cold climate, Dr. Finkelnburg thinks, is not necessarily unfavorable to infant life. In Norway, for example, the death-rate per 1000 born is 103 in the first year and 180 in the first five. In this country mothers nurse their own children, and carry them wherever they go in baskets, enveloped in wool. On the other hand, in Iceland, where they are rarely breast-fed, 295 die in the first year.

TRAP VENTILATION.—Mr. John McCloskey has finally withdrawn his suit against Mr. James H. Young, in New York. The suit, as may be remembered, was for infringement of his (McCloskey's) so-called patent for the ventilation of traps in sewer connections. It was clearly shown that McCloskey's device had been in use for two years prior to the date of the patent; and ventilating-pipes may now be built in connection with such traps without fear of law-suits. Those who feel interested in the trial may see a full account of the proceedings in the *Sanitary Engineer*, Jan. 18, 1883.

WATER SUPPLY IN ILLINOIS.—In Evanston, Illinois, an infiltration-basin is used, from which the water is pumped into tanks, and thence is distributed by underground pipes throughout the village. We learn, from the *Sanitary News*, that this basin is located on the lake shore, which, near the town, is simply a beach of clean sand. It is about one hundred and forty by fifty feet in size, and the bottom is nine feet below the surface of the water in the lake. It is calculated that it will hold 600,000 gallons, enough, if filled daily, to supply a population of 6000. A tank to hold 60,000 gallons will be constructed, into which the water will be pumped by engines; all further distribution can be left to gravity. It is expected that water will filter through the clean sand into the basin and thus be made fit for potable uses, while it would not if it were taken from the lake itself near the shore. South Evanston has also a system of sewerage in process of construction, which discharges into the lake. Already six thousand feet of sewers have been laid.

COLORADO STATE SOCIETY.

BY G. W. LAWRENCE, M.D.

THE second annual session of the Homœopathic Medical Society of the State of Colorado convened in the parlor of the Crawford House, Colorado Springs, May 23d. The society was called to order at 8 p.m., by the President, Dr. W. R. Owen, of Pueblo. The secretary being absent, Dr. G. W. Lawrence acted as secretary. A large number of physicians from various parts of the State were present.

The President delivered a very able and interesting address, reviewing the history of the State in the past eleven years, so far as it related to the growth of homœopathy. He described some of the many troubles to which the few pioneer homœopathists were subjected.

The report of the secretary was made and adopted. The treasurer's report showed a balance on hand of \$68.50. The Board of Censors reported the following candidates for membership, and they were duly elected: Drs. Frank Smythe, W. A. Burr, and J. G. Sutton, Denver, and H. T. Cooper, Colorado Springs. This society, though organized only two years ago, now numbers thirty-five members. Reports of the various committees were read and approved. The first regular business of the evening was the report of the Bureau of Obstetrics, Gynecology, and Pædology. Dr. W. A. Burr read an interesting paper on the Importance of Pædology. The discussion which followed was varied and interesting. The society adjourned until 8 A.M. to meet at Masonic Temple.

The morning session was called to order at 8 A.M. by the President. The Bureau of Obstetrics was resumed. Dr. W. A. Burr read a valuable paper prepared by Dr. R. H. Dunn on Pleuro-Pneumonia, complicated with premature confinement. This paper was discussed at length. Dr. B. A. Wheeler then presented some new and startling facts in regard to the action of the kidneys in connection with gynecology.

The Bureau of Surgery, Anatomy, and Physiology opened. Dr. G. W. Lawrence read a paper on the External Use of Remedies in homœopathic surgery. This paper caused an animated discussion. The Society adjourned for dinner.

At 2 p.m. the society was called to order, and the bureau resumed. Dr. S. S. Smythe presented a paper on the Physiology of Menstruation. The Bureau of General Sanitary Science, Climatology, and Hygiene reported two papers.

The first was by Dr. W. A. Burr on the Influence of Moun-

tain Climate in Colorado on Health and Disease. This was followed by a paper on Hygienic Resources in the Treatment of Disease, by Dr. W. T. Vail.

Dr. C. N. Hart presented a volunteer paper entitled "Homœopathy the Prevailing Practice of Medicine." This paper was ordered published.

The officers elected for the ensuing year are: Dr. W. R. Owen, Pueblo, President; Dr. J. M. Walker, Denver, 1st Vice-President; Dr. W. T. Vail, Greeley, 2d Vice-President; Dr. G. W. Lawrence, Colorado Springs, Secretary; Dr. C. N. Hart, Denver, Treasurer.

Dr. N. K. Morris, of Denver, was elected delegate to the American Institute and Northwestern Academy of Homœopathy. A banquet was held in the evening. The society then adjourned to meet next year in Denver.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY C. MOHR, M.D. SECRETARY.

THE stated meeting of the society was held at the Hahnemann Medical College, on Thursday evening, June 14th, 1883. The attendants numbered thirty-six. Dr. W. B. Trites presided.

The minutes of the May meeting were read and approved.

DR. J. SPERRY THOMAS, chairman, announced that he had associated with him on the Bureau of Sanitary Science, Drs. P. Dudley, J. C. Morgan, W. P. Sharkey, and E. M. Gramm.

DR. ELIZA LANG MCCLURE, chairman of the Bureau of Pædology, announced that at the September meeting the bureau would discuss the subject of IDIOPATHIC LESIONS OF THE BRAIN AND CORD.

The Committee on Entertainment of State Society reported through Dr. Eliza Lang McClure, the committee's secretary, that a well-attended meeting of the committee had been held at the residence of Dr. Harriet J. Sartain, at which various sub-committees were appointed to carry out the wishes of the society as adopted at the annual meeting. The Aldine Hotel, it was reported, had been secured as "headquarters," wherein accommodations for the guests could be secured at the reduced rate of three dollars per day.

Arrangements have also been made for a carriage drive

through Fairmount Park, and a banquet during the afternoon and evening of the second day of the session.

The committee is working assiduously to make the meeting as attractive as possible, both to Philadelphia physicians and to those from a distance. The room in which the meetings will be held is spacious and airy, well lighted and secluded from noise. A special committee to provide for the Park drive and banquet has been appointed with Dr. Charles Mohr as chairman, and with Drs. W. B. Trites, J. C. Guernsey, A. R. Thomas, H. J. Sartain, W. C. Goodno, Mary Branson, W. K. Ingersoll, W. T. Maguire, Eliza Lang McClure, Lora C. Jackson, and others as members of said committee.

To secure new members from among the Philadelphia physicians, Dr. Isaac G. Smedley was appointed chairman, with power to add canvassers.

Finally, the committee decided to recommend to the Executive Committee of the State Society that the session be held from September 18th to 20th, inclusive.

The report was accepted.

The Standing Committee on Organization, Medical Education, Statistics and Legislation reported progress on the recommendations made in the President's late annual address.

On motion of Dr. C. Mohr, the further consideration of the introduction of a night medical service in Philadelphia, and the introduction of homœopathy into the Philadelphia Hospital, was referred to above committee, the chairmen of the special committees having these questions in charge requesting such action.

The Committee on Selection of future meeting place for the County Society reported that, all things considered, the college was the best place, and the secretary had been instructed to call future meetings there. Report accepted, and committee discharged.

Dr. W. K. Ingersoll was appointed delegate to the American Institute of Homœopathy.

Applications for membership were made by Drs. William Peacock, J. R. Holcombe, W. H. Cowgill, Philip J. Langer, George W. Stewart, and D. Howard Johnston. Referred to the Censors under the rules.

The Bureau of Anatomy, Physiology and Pathology, W. C. Goodno, M.D., chairman, submitted two papers as follows:

- a. "The History of Tubercle," by Claude R. Norton, M.D.
- b. "Pathological Distinctions between Phthisis and Tuberculosis," by W. K. Ingersoll, M.D.

The papers, after being read, were referred for publication,

and then Dr. John C. Morgan offered some remarks on the Pathology of Phthisis Pulmonalis.

The President appointed W. K. Ingersoll, M.D., chairman of the bureau for the ensuing year. Adjourned.

INTERMITTENT FEVER; ARSENICUM.

BY E. W. GOSEWISCH, M.D., WILMINGTON, DEL.

I SEND to the HAHNEMANNIAN MONTHLY a report of two cases of intermittent fever cured by *Ars. alb.*³⁰; a few globules were dissolved in water, a teaspoonful taken every two hours.

November 2d, 1882.—Frank K., aged 24 years; dark hair and eyes; rather slender form; delicate constitution; occupation, brakeman; much exposed to night air; has had chills at intervals through autumn; checked temporarily by treatment, probably cinchonidia pills. Hard shaking chills daily, commence between 8 and 12 o'clock in forenoon, with blue nails, thirst with nausea after drinking, severe *aching in back, knees and legs*; chill lasts from half hour to hour. Followed by heat with headache, less thirst, and lasts two or three hours. Chill and heat sometimes mingled, parts to lie quiet during paroxysms. Sweat at one time profuse, others light or none, setting in some time after the heat. During apyrexia weakness, nausea, desire to lie down, appetite poor, bowels regular. Two paroxysms occurred after commencing treatment, each lighter than the preceding ones; the patient was discharged cured on the 6th, and had no return several weeks afterward when last heard from.

CASE 2. Manuel R. H., aged 30, by occupation hotel-keeper; dark complexion, hair and eyes; dry, meagre constitution; smokes to excess, and uses alcoholic drinks daily, but not to intoxication. Had chills in early fall, suppressed by blue mass and quinine; face and eyes intensely jaundiced. Chills without shuddering, set in from 2 until 8 o'clock A.M., at times mixed with heat, not much thirst during chill, drinks warm tea which causes nausea and vomiting, pain in chest and stomach, aching in back and limbs, moderate thirst during heat, with some headache and drowsiness, sweat light or none, bowels loose during apyrexia.

In both cases the chill was short, heat longer, sweat usually moderate, postponed, or absent; the most prominent and persistent symptoms were nausea after moderate drinking, and the intense pain in small of the back and limbs, mostly in the legs from the knees to ankles.

1883.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


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BUSHROD W. JAMES, M.D.

Vol. V.

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No. 8.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

SELF-CRITICISM.—That wonderful volume, which has formed the educational basis of thousands and thousands of America's men of letters and men of science—we mean Comley's *Spelling Book*—says that “our best friends are those who tell us of our faults, and teach us how to correct them.” Sometimes a true friendship needs only to point out the faults, leaving their correction entirely to the good sense and judgment of the befriended individual himself. Fault-finding which is not prompted solely by a desire to secure improvement, is an evidence of enmity rather than of friendship.

Homœopathy has recently had two classes of critics, both of them active and energetic in seeking out and exposing her weak points. The avowed purpose of one class is to humble her in public esteem with a view to her annihilation. With these we have just now nothing to do. We wish to speak rather of that class of critics who, while searching for the vulnerable points in the armor of homœopathy, are doing it for the one only purpose of strengthening her for defensive and offensive warfare against error and against disease.

Perhaps there has never been any very intelligent homœopathic physician who did not know that, some time or other, his system of practice must come before the august tribunal of general science, and with all her principles, her theories, her notions, and her art, be judged not alone by the results she has achieved, but also by the intrinsic truth and purity of her doctrines, and the scientific accuracy of her methods. True, there were, and still are, some who seem to think that homœopathy is to be judged alone by the comparative results of her methods as against those of an opposing system; her most enthusiastic devotees, however, will be content with no attainment short of the highest and best attainable.

It might well have appalled any honest enemy of homœopathy (we really hope there are some such) present at the recent National Homœopathic Convention, to observe the enthusiasm and the unity displayed by the members upon the subjects of homœopathic materia medica revision, and the improvement of homœopathic pharmacy. This merciless overhauling of our provings, our symptom notation, our text-books, our pharmaceutical methods, and our drug preparations, and all this in the immediate presence of the enemy, does not look much like either a defeat or a surrender. Our voice is still for war, and the battle is evidently to be more bitter and determined as time goes on. There is to be no peace and no rest until "the *science* of medicine" wins a complete and universal victory.

Already we begin to see the results of this careful and intelligent criticism of homœopathy by homœopathists. It is just a year since this journal gave to the profession Dr. Winslow's observations respecting the imperfection of *Lycopodium* triturations, and, although some were ready to decry Dr. Winslow's work, it has already resulted in giving us better preparations of the drug in question. And so the work is going on; the eye of the Boston microscope is revealing the defects of other triturations; and the fires of the Cleveland laboratory are burning away the dross from our materia medica, and lighting the way to higher and more certain therapeutic triumphs.

It is pleasant to know that the men who are giving their best endeavors to this improvement of our means and methods are to-day receiving the encouragement and applause of all classes of homœopathic physicians, "high" and "low." Nobody seems afraid, now-a-days, to have homœopathy tried in the furnace, or subjected to the penetrating gaze of the microscope. It was not always so, however. Only ten or twelve

years ago the writer of this article endeavored to show, by logical methods, the position of the boundary line which limits the field of homœopathic action, and, although all physicians know that such a line does exist somewhere, the attempt to determine its exact location was by many denounced as an assault upon homœopathy itself. How differently the profession views such subjects to-day! Let the work go on, and the workmen prosper.

Notes and Comments.

EDUCATION v. ETHICS.—The Bellevue Hospital Medical College, announces itself as adhering to the old code, but requires no preliminary examination of its matriculants.—*Medical Record*.

THE DISINFECTION OF RAGS brought to this country from abroad should be insisted on at all times, whether cholera, yellow-fever, or other epidemics are prevailing or not. Smallpox, diphtheria, scarlet-fever, measles, etc., can be carried in rags to the farthest corners of the earth.

CROUP AND DIPHTHERIA.—Concerning the identity of diphtheria and membranous croup, we have always been very skeptical. Recently we were called to a case of what we thought was diphtheria. There were distinct patches on the tonsils, swollen cervical glands, and slight nasal catarrh. There was, however, little or no debility, and no fetor. Forty-eight hours after our first visit, a pseudo-membrane formed rapidly in the larynx. Another physician unhesitatingly pronounced our diagnosis wrong, and declared that the child had membranous croup. Several days later another child in the family was taken ill with malignant diphtheria.

Was the first case diphtheritic, too? was the occurrence of croup and diphtheria a mere coincidence? or are the two affections identical in origin? F.

OPPOSITION TO VIVISECTION in England is said to be on the increase. The folly is also making its appearance in the United States. The responsibility for this unfortunate and harmful state of public sentiment rests largely with those physiologists who inflict unnecessary pain on animals, those who indulge in useless vivisection, and those others who, like Dr. Klein, confess to an entire absence of all feeling for the animals they torture. There are persons who, whatever their educational and experimental acquirements may be, are nevertheless disqualified by nature, for the work of original physiological research, and ought to be prohibited by law, from engaging in vivisection at all. But that is no reason for its absolute and indiscriminate suppression.

DECEASE OF DR. FRANCIS BLACK.—Our British exchanges bring us the sad announcement of the death of Dr. Francis Black, which occurred May 28, in London, at the comparatively early age of sixty-four years. He studied homœopathy in Paris in 1840, under Hahnemann, and in 1841, with Dr. R. Russell, set up in Edinburgh, the first homœopathic dispensary in Britain. In 1843 he joined Drs. Drysdale and Russell in establishing the *British Journal of Homœopathy*. A malignant persecution raged against him and his colleagues, but, of course, without success. The British journal, speaking of his career, says: "He was but twenty-two when he stood

at bay before the whole medical faculty of Edinburgh. His loss is a great one to Homoeopathy, to which he rendered immense service throughout his whole career, not only by working towards its scientific development, but by defending it in its early struggles against the assaults and persecutions of powerful and unscrupulous enemies."

CAPTURE OF HOLLAND BY THE DUTCH.—Our friend, Dr. W. R. King, of Washington, D. C., writes to call our attention to an article in the *Medical and Surgical Reporter* for June 23d, 1883, entitled "Belladonna a Prophylactic against Scarlet Fever." The wonderful "discovery" announced in the article, is ascribed to Dr. Owen Pritchard, the original article appearing in the *Lancet* of April 14th, 1881. We well remember to have heard the late Professor Thomas D. Mitchell, of the Jefferson College, during the session of 1859-60, announce the existence of this property of Belladonna, and confirm it from his own experience, thus leaving Pritchard out of the question. But Professor Mitchell went further, and expressed his intense repugnance to this use of the drug, "because," said he, "its prophylactic virtues were discovered and proclaimed by that prince of humbugs, Samuel Hahnemann." Of course the *Lancet* and the *Reporter* never heard of him. Like the celebrated African king, they never allow the sun to rise until they are up and have finished dressing with their backs to the east.

EPIDEMIC CHOLERA IN EGYPT.—The reports of the cholera visitation in Egypt disclose an almost incredible ignorance of the plainest sanitary requirements amongst the natives, and an amazing indifference to the liability of the country to just such outbreaks, on the part of European residents, official and otherwise. At some of the most important points there are few physicians and no medicines. The food of the natives during some of their religious ceremonials is described as disgusting in the extreme; the water used for drinking purposes loaded with organic impurities, and the habits of the people as impure as ignorance, vice, and religious prejudices can make them. Thus far it is denied by authority that any case of Asiatic Cholera has appeared in England, or indeed in any part of Europe, though numerous reports to the contrary are afloat. The visits of epidemic cholera to this country have occurred at regular intervals of seventeen years, viz.: 1832, 1849, 1866. Whether 1883 will pass without its reappearance may well be doubted, especially as in past invasions the infection has sometimes overleaped the most rigid bounds that quarantine authorities have been able to interpose.

Regarding the conditions and circumstances affecting the origin and spread of the epidemic, Dr. Mackie, who has had exceptional experience of cholera in Egypt, makes a report to the British Foreign Office. Referring to the visit of the commission to Damietta, he says:—"All members of the Maritime and Quarantine Board expressed loudly their disappointment that the commission had not shown a little more enthusiasm and interest, and endeavored, when on the ground, to find out something beyond the simple fact that the disease was cholera. For days after the disease broke out telegrams were received daily complaining of the total want of doctors, medicines, and disinfectants. In a town of which the population is stated to number 53,000 there seems to have been no organized medical or hospital service, no help of any sort for rich or poor. They were shut in the cordon and left at the mercy of the disease, to die in numbers and to propagate cholera. It never occurred to the authorities to endeavor by energetic measures to save the people and stamp out the disease by driving the inhabitants from the infected part of the town and camping them out in a healthy place, supplied with good food and water. This they are now doing to some extent. On the 30th of June a native doctor writes:—"To-day a train has arrived with three doctors and a chemist." This is the first in-

formation of help being sent, a week after the outbreak of the disease, when the rate of mortality had reached upward of one hundred daily."

After discussing the question as to whether the disease was of an imported or spontaneous character—being upon the whole in favor of the latter view and declaring that the sanitary arrangements are as bad as in 1865,—Dr. Mackie adds: "I have not found one man in Egypt who understands thoroughly the sanitary construction of houses, and the most ignorant I have met are the president and officials of the Board of Health and Hygiene. Many of the diseases and illnesses contracted in Egypt and attributed to the climate, are solely attributable to bad drainage. I believe that a sanitary cordon was the worst means that could have been adopted—I mean as they imposed it. The cordon gave a feeling of safety to outsiders, and the inhabitants were left to die within it, neglected, to propagate cholera, while the authorities had a day or two to reflect and to make preparations for the next step. Had they evacuated at once the infected part of the town and placed a cordon to prevent the return of the inhabitants, as well as all communication with other villages, the epidemic, I think, might have been stamped out."

The concluding paragraph of the report is as follows: "The Egyptian has no initiative; he has no appreciation or experience of good sanitary arrangements, which he has never seen or learned. The sympathy of class for class is too little developed, if it exists at all; their value of life is too low to stimulate them to energetic action. Fatalism also has its effects, and they only act when driven by the hue and cry of Europeans. The Egyptian in this respect is the Egyptian of a hundred years ago. He deserves help more than blame, but it must be help administered with authority."

New Publications.

HOMEOPATHY, IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNÆCOLOGY. By Thomas Skinner, M.D. Second edition. Homœopathic Publishing Company: London, 1883.

Dr. Skinner is well known as an enthusiastic believer in gynæcological practice without local treatment, and this, the second edition of his brochure, is an earnest reiteration of the views he so confidently entertained eight years ago, while but a recent convert to homœopathy.

We agree with him in his allegiance to the principles of Hahnemann, but we object to his unwarrantable positiveness as to the cure of "very worst cases." Granting that homœopathy, *per se*, is competent, there is the fact, patent to all, that if we have not the medicine we have not the wherewithal to cure. Will Dr. Skinner claim that our existing gynæcological therapeutics are adequate to meet the demands?

Dr. Skinner gives a limited number of cases, preferring to reserve the bulk of his cures for another occasion. We regret that a leading test-case, one of menorrhagia, with large uterine fibroid tumor (p. 46), and in the description of which he says: "I was anxious to see if I could reduce the size of the tumor," is dismissed without a word as to the effect treatment had on the fibroid. The hæmorrhagic flow is reported relieved; so far so good; but why silent on the point of greatest concern? When men skilled in gynæcology, and we do not doubt Dr. Skinner is of this class, shall publish

cures of clearly-defined organic lesions, homœopathy's reputation will be fixed forever. Until then, many will fluctuate between the old methods and the new, for if they cannot cure they must palliate. F.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. Second edition, thoroughly revised and augmented. By Joseph T. O'Connor, M.D. Compiled and published by Boericke & Tafel, 1883.

We have, on two occasions, expressed our opinion of the first edition of this excellent pharmacopœia, and we need here but refer to some changes introduced into the second.

We notice that a number of typographical errors have been corrected, and that a few drugs, such as Anilinum sulph., Oxydendrum, Ambrosia, and Symphoricarpus, have been added. The reviser has taken pains to give, so far as possible, the names of the introducers of the various drugs. We should have been pleased had he added *Magnolia grandiflora*, and the name of its prover, Dr. I. Talavera, of Mexico (see *HAHNEMANNIAN MONTHLY*, September, 1882).

From an oversight, Adamas, which covers two-thirds of a page in the first edition, is omitted in the second; do the publishers object to powdering their diamonds?

The book is dedicated to the Homœopathic Profession of America, every member of which should see to it that he possesses himself of a copy. F.

HANDBOOK OF ELECTRO-THERAPEUTICS. By Dr. Wilhelm Erb. Translated by L. Putzel, M.D. Thirty-nine wood-cuts. The June issue of *Wood's Library* for 1883.

Written in plain style, clearly translated, and full of the practical suggestions of a practical man—what more is needed to recommend the book to every physician in the land? F.

Gleanings.

A NEW METHOD FOR THE DETECTION OF SUGAR IN THE URINE.—The following method for the detection of sugar in the urine by means of test-papers, has been devised by Dr. Oliver. The test-papers are charged with the carmine of indigo and carbonate of soda. When one is dropped into an ordinary test-tube with sufficient water to cover it, and heat applied, a transparent blue solution results. If with the paper one drop of diabetic urine has been added, shortly after the first simmer a beautiful series of color-changes appears; first violet, then purple, then red, and then straw-color, while, on the other hand, one drop of non-diabetic urine induces no alteration of color. The colors return in the inverse order on shaking the tube, which allows the air to mingle with the fluid. Reheating restores the colors. If now a mercuric chloride is dropped in, a blackish-green precipitate is obtained. No such precipitate occurs when non-saccharine urine is under examination. Dr. Oliver claims that Moore's, Trommer's, and Boettger's tests are all inferior in delicacy.—*British Medical Journal*.

THE RELATIONSHIP BETWEEN DIPHTHERIA AND SCARLATINA.—Dr. George T. Welch relates the histories of several cases which apparently show that a relationship exists between the two above-mentioned diseases. In most of the cases the symptoms of scarlatina were the first to develop themselves, followed, at a period varying from three to seven days, by the diphtheritic membrane. In one case the membrane appeared on a cutaneous wound. Paralytic symptoms were common during convalescence. Albuminuria and rheumatism occurred each in one case.—*N. Y. Medical Record*.

KOUMISS'S RIVAL.—The mountaineers in the neighborhood of Mount Elbruz and Kasbek, in the Caucasus, make a drink by adding to cow's milk a peculiar substance called "Kefir-seed." The source of this new ferment is scrupulously concealed by the Caucasian mountaineers. All the information thus far obtained is that it is a dark-brown, earth-like mass, which, when dropped into milk, sets up a rapid effervescence, turns white, and assumes the form of a mulberry; then fermentation proceeds at once.

Dr. Kern, who has carefully examined the "Kefir-seed," asserts that it consists chiefly of masses of zoöglæa, holding together collections of a bacterium that he calls *Dispora Caucasia*. The yeast-fungus *saccharomyces cerevisiæ* is always found associated with this new germ.—*New York Medical Journal*.

MIDZU AMI.—The Japanese prepare a very nutritious food useful for the weak and dyspeptic. It is made of barley malt and *mochi gome* [a very glutinous rice]. Cook a "to" [one quart, one pint, and half a gill] of this rice until moderately soft, and then add 450 "momrue" [4½ lbs. Troy] of malt, and five "sho" [½ lb. Troy] of water. Mix thoroughly with the hands until the whole becomes like jelly. Allow it to remain for twelve hours, during which time it is to be stirred three times. "Remove and place in hempen bags, put into a strong box and press out the liquid. Then put into a pot and evaporate to proper consistence over a slow fire."—*Philadelphia Medical Times*.

SOLID ALCOHOL.—A French chemist, by liquefying ethylene and then causing it to boil, produced a temperature of -157° Fahr. By boiling liquid ethylene in a vacuum, another experimenter succeeded in producing the rather chilly temperature of $-212\frac{1}{2}^{\circ}$ Fahr. In this latter temperature alcohol and sulphuret of carbon were congealed and oxygen and nitrogen reduced to liquids. Solid alcohol becomes whitish, liquid oxygen transparent, colorless, and ozone deep blue.—*Scientific American*.

EARTH-TREMORS.—From several of our exchanges we see that the attempts of the Messrs. Darwin, at Cambridge, to measure the lunar disturbance of gravity are exciting considerable interest. These gentlemen failed in their purpose, but they discovered that the earth actually quivers and throbs continually. Under the varying mass of the air, shifting as indicated by the barometer, and under the fluctuating pressure of tidal waters, the earth's crust yields and expands in ceaseless activity. When the barometer rises an inch, the land sinks two or three inches. Over the sea, such a barometric rise marks a water depression of a foot or more.—*Popular Science Monthly*.

LEAD-POISONING FROM A NEW SOURCE.—Silken thread, sold by weight instead of by length, is sometimes adulterated with sugar-of-lead. A seamstress, suffering from lead-poisoning, was recently admitted into the Leeds Infirmary. It had been a common practice with her, when at work, to hold silk, as well as other kinds of thread, in her mouth. She was more apt to hold the silk, inasmuch as it often had a sweet taste. Silk threads of the best makes are tasteless, whereas some inferior articles have a sweetish taste, due to the poisonous sugar of lead.—*Medical and Surgical Reporter*.

MATERIA MEDICA NOTES.—*Ustilaga Maidis*, tall, slim, fair women at climaxis. Pain in the left mammary region between menses. Ovarian congestion and burning.—Dr. Burchfield, *The Medical Advance*, May, 1883.

Coinco, weight and fulness in the loins; urine scanty; œdema of face, and fulness of eyelids.—*Physicians' and Surgeons' Investigator*, April, 1883.

Sodium Nitrite, in five, ten, and twenty-grain doses, caused acceleration of the pulse, most distinctly after the largest dose. The prover experienced, within a few minutes after taking the two larger doses, a feeling of fulness of the head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful, flushing of the countenance. It struck the experimenter that the effects of the Sodium nitrite were similar to those of Nitro-glycerine, and Amyl nitrite, and he surmised that possibly it is the Nitrous acid which accounts for the agreement.—Dr. Hay, in the *Practitioner*.

Cyclamen, administered by Dr. Pope, cured membranous dysmenorrhœa. The case was peculiar in that there were none of the severe pains usually present in this disease. He was guided to the drug by profuse, black menstrual flow, characteristic of *Cyclamen*, and prominent in his case; and also by the fact that one prover had menstrual flow black, clotted, and membranous.—*Homœopathic Review*.

Medicinal Plants of Ceylon.—The seeds of the *Randia dumetorum* are used as an emetic. The plant belongs to the *Cinchonaceæ* along with *Ipecacuanha*.

Setaria acuminata, is much used as a vermifuge. The juice of the leaves is mixed with sugar and castor oil; or it is mixed with the dried and powdered leaves. It has no disagreeable taste, and so is easily administered. The *Vernonia anthelmintica* is used to expel ascarides.

The *Coscinium fenestratum* is such a good antiseptic that it will preserve meat for several weeks. It has been successfully employed as a lotion for foul ulcers.

Valeria Indica promises to be of inestimable value as a preventive of fermentation. The natives of Ceylon use the bark to arrest the alcoholic fermentation of the juice of the Jaggery palm, *Caryotaurens*.—*Phar. Journ. and Trans.*, and *American Journ. Pharm.*

A CONVENIENT TEST.—Picric acid, deposited to saturation, upon filtering-paper, forms an excellent means for detecting albumen in urine.

About thirty minims of the suspected urine are transferred to a short test-tube. If turbid from urates, it should be gently heated. Next, the urine is to be acidulated by dropping into it citric paper, made by depositing to saturation, the acid upon filtering paper. To this acidulated urine is added the Picric paper.

A simpler plan is to drop both papers into the tube at once. By inclining the tube the urine will slowly flow over the papers. If a small amount of albumen is present, a whitish cloud gathers above and below the papers. If the amount is large, it will be deposited in clots.—*London Lancet*, April, 1883.

LACERATED PERINEUM.—Barrett's operation for perineal lacerations strikes us as worthy of trial. Believing that the usual method of applying stitches puckers the perineum, he adopts the following substitute: The vagina is exposed by means of a Sims's speculum applied by an assistant to the anterior vaginal wall. With a short straight needle, he then introduces interrupted sutures from the innermost end of the laceration to the vulva. These are not removed, but are allowed to slough off. [How would carbolized catgut do?] Externally he introduces one or two silk sutures, merely as a matter of form.

REMOVING THE PLACENTA.—It is Goodell, we believe, who suggests that if the woman lies on her back the placenta can then be removed with less

opportunity for the entrance of air into the uterus. An adherent placenta, however, we found it impossible to remove until we changed the patient's position to that of the left side.

BACTERIA IN THE ATMOSPHERE.—Bacteria are probably not so all-pervading as has been supposed. Miguel & Koch have found that in a laboratory, many litres of air contain no organisms.

CEREBRAL LOCALIZATION.—Goetz, Flourens, and now Brown-Sequard, deny the existence of cortical localizations, and teach that every portion of the cortex is in relation with every mental function. The intimate interrelation which arises from extensive and complex commissural fibres, uniting the two hemispheres and also the various parts of each hemisphere, renders it impossible for a cortical impression to be merely circumscribed. Still, we are not ready yet to yield our supposition that, though impressions have a general effect, they also have a particular effect upon those parts with which they are most in harmony.

AN ERYTHEMATOUS ERUPTION FROM CHLORATE OF POTASSIUM.—Stellwagon records the case of a patient suffering from mucous patches of secondary syphilis for whom tablets of chlorate of potassium of five grains each were prescribed. Four days later a fiery erythematous and papular eruption made its appearance over the back and neck. There were no subjective symptoms. The possibility of mercury having produced this eruption was carefully excluded. The eruption disappeared two days after discontinuing the drug, but reappeared on three other occasions, when the chlorate of potassium was administered for experimental purposes.—*N. Y. Med. Record.*

RELIEF OF STRANGULATED HERNIA.—Van Duyn brings forward his last five cases (which were all successful) of operation for strangulated hernia, in order to illustrate and prove the truth of the doctrine that when a hernia has become strangulated its relief should be by operation, and when preceded by taxis, that taxis should be by single effort, and made only on strictly mechanical principles, without force.—*Archives of Medicine.*

TREATMENT OF ACUTE NASAL CATARRH.—Dr. A. E. Small has found the following remedies and indications reliable in the treatment of this common disorder:

Aconitum nap. in all cases of coryza attended with sensation of heat in the onset, and an uncomfortable sense of fulness in the nares, and headache.

Ammonium carb. in nasal catarrh, characterized by troublesome stoppage of the nares at night, especially when the pituitary surface has been dry.

Allium cepa for that variety of coryza attended with burning excoriating water from the nose and profuse watery discharge from the eyes.

Arsenicum album. When there is a profuse discharge of hot watery mucous from the nose, which seemingly scalds the adjacent portion of the upper lip and the interior portion of the nostrils, we have known two or three doses (four globules each) of the third decimal attenuation of arsenicum album, at intervals of three hours, to effect a speedy cure.

Among the remedial measures that afford protection against contracting cold, we have found a daily dose of the third trituration of *Baryta carb.* one of the best prophylactics.—*The Clinique.*

TYPHOID FEVER IN YOUNG CHILDREN.—Typhoid Fever may occur in young children, and in them runs a comparatively mild course, different from that observed when the same disease occurs in adults. The older the child the more nearly does the fever approach the classic type. That this mild fever is typhoid is proven by the fact that in those cases which have died and autopsies have been made, the lesions of typhoid have been found. The disease is marked by the almost complete absence of abdominal symp-

toms. The bowels may be natural or constipated. Tympanitis is rare. Roseola is frequently absent. The nervous symptoms are not as prominent as in adults. There is generally a mild bronchial catarrh, which may cause the physician to diagnose the case as one of simple bronchitis. The spleen is often enlarged. The fever may last from one to seven weeks. Janeway has especially called attention to the tendency of typhoid in children to abort. The mortality of the disease is small. To make a diagnosis it is necessary to exclude any local disease with a remittent pyrexia. Young children frequently suffer from obscure local disease without marked objective symptoms. The throat, lungs, and abdominal organs should be carefully examined. Malaria, acute articular rheumatism and tuberculosis may also be confounded with the typhoid fever of children.—*Dr. Henry D. Chapin in American Journal of Obstetrics.*

A RAPID METHOD OF DEMONSTRATING THE TUBERCLE BACILLUS WITHOUT THE USE OF NITRIC ACID. GIBBES.—Take of rosanilin hydrochloride two grammes, methyl benzi one gramme, rub them up in a glass mortar. Then dissolve aniline oil, 3 c.c. in rectified spirit, 15 c.c.; add the spirit slowly to the stain until all is dissolved, then slowly add distilled water, 15 c.c.; keep in a stoppered-bottle. To use the stain: the sputum having been dried on the cover glass in the usual manner, a few drops of the stain are poured into a test-tube and warmed; as soon as steam rises pour into a watch-glass and place the cover glass on the stain; allow it to remain for four or five minutes, then wash in methylated spirit until no more color comes away; drain thoroughly and dry either in the air or over a spirit-lamp. Mount in Canada balsam. The whole process, after the sputum is dried need not take more than six or seven minutes. This process is also valuable for sections of tissue containing bacilli.—*London Lancet.*

THE SALIVARY DIGESTION OF STARCH BY INFANTS.—*Dr. J. M. Keating* has been making some experiments with regard to the above point. In making the tests corn-starch was used, it having been previously boiled, cooled into a paste, and portions of this were put in little linen bags and given to infants to suckle for two minutes at a time. Parry's test was then used; the corn-starch paste exhibited before the experiment no evidence of sugar change. Twenty-one children, varying in age from six days to seventeen months, were used. The sugar change was observed in all but three,—one of these was a babe six days old; whilst in another babe, seven days old, a marked reaction was observed. The experiments led *Dr. Keating* to the following conclusions: The saliva of some infants possesses the property of converting starch into glucose, regardless of age. The age of the infants cannot be taken as an indication of this property of its saliva. When such a condition is found to exist, a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk. An examination of the stools of children so fed would be a guide as to the quantity of starchy food to be used; and, when farinaceous food is employed, slow feeding is probably preferable to the bottle.—*Medical News, July 21, 1883.*

THE FÆCES OF STARCH-FED INFANTS.—*Dr. Randolph* has made a number of examinations of the stools of starch-fed infants, and comes to the following conclusions:

- 1st. That many infants under three months can digest starchy foods.
- 2d. That the individual variations in this regard are so numerous that no broad and general statement can be made as to the period at which infants begin to digest starches.
- 3d. That the physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial only by an examination of the dejecta under such diet.—*Medical News, July 21, 1883.*

WHAT IS THE COLOR OF WATER?—M. W. Spring, according to the *Revue Scientifique*, has been experimenting at Liege to ascertain the color of water. The water was first boiled for four hours over potash manganate and permanganate, and then distilled twice in platina vessels, and the product received in a silver vessel protected from contact with the air. This water, when evaporated from a well-polished capsule of platina left no stain. In order to obtain the requisite depth of water for the light to pass through, and make any color it would give visible, M. Spring used glass tubes sixteen feet long, and rather more than one and one-half inches wide. The tubes were closed at both ends by glass flats, and furnished with a pipe through which the water could be introduced. When pure water was placed in these tubes, and white light sent through it, the color "was a blue of which it is difficult to represent the purity; the finest blue on a fine day in a mountain region, above the grosser emanations of the soil, can alone be compared with it." No change occurred when the water was kept in the tubes for several weeks. The addition of a little lime-water, which appeared quite limpid, entirely stopped the passage of the light, "as if ink had been put in."—*Philadelphia paper*.

News, Etc.

DR. PHILO G. VALENTINE, of the St. Louis *Clinical Review*, is spending the summer at Lake Minnetonka, Minnesota.

LOCATED.—Dr. Amos O. Taylor at Bedford, Penna.

Dr. Jonathan T. Ridge at 970 North Fifth Street, Philadelphia.

Dr. Newton M. Collins, of the Class of '83, Hahnemann Medical College, has located at Rochester, N. Y.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its eleventh annual meeting in Detroit, beginning on November 13, 1883. A large attendance is expected.

DR. J. M. FOSTER, late of the Ward's Island Hospital staff, goes to Europe this summer to spend two or three years in the hospitals of London, Paris, and Vienna.

DR. BIGLER'S PAPER ON DYSMENORRHOEA, read at the Institute Meeting, was inadvertently omitted from our report last month. Cause,—inability of the reporter to be in two places at one time.

LOCATION.—Dr. A. O. Taylor writes us that there is a good opening for a Homœopathic physician at Somerset, Somerset County, Pa. Somerset is a town of 1200 inhabitants, with three Allopathic physicians and one Eclectic but no Homœopathic physician.

HOSPITAL APPOINTMENTS.—Drs. Louis P. Posey and Geo. W. Stewart have been appointed resident physicians of the Homœopathic Hospital of Philadelphia.

Dr. Daniel P. Maddux has been appointed one of the resident physicians of the Homœopathic Hospital, Ward's Island, Y. N.

THE HAHNEMANNIAN SOCIETY OF READING, PA., at its June meeting elected the following officers: President, F. R. Schmucker, M.D.; Vice-President, S. L. Dreibelbis, M.D.; Secretary, C. B. Jennings, M.D.; Treasurer, J. G. Grosscup, M.D.; Censors, Drs. Marks, E. Z. Schmucker, and Goodenough. A paper on "Writers' Cramp" was read by Dr. Schmucker, and was kindly sent to the HAHNEMANNIAN for publication. The meetings are held monthly.

REMOVALS.—Dr. W. A. Shepard from Dundee, Ill., to Elgin, Ill.

Dr. Ernest Cratcher from Louisiana, Mo., to 646 Broad Street, Nashville, Tenn.

Dr. F. V. Cleekey, formerly of Birmingham, Ala., is now practicing at Charleston, S. C.

Dr. W. C. Powell, Sr., from Bustleton, Pa., to southwest corner Eleventh Street and Susquehanna Avenue, Philadelphia.

Dr. J. Heber Smith has removed his residence from Melrose and his office from 6 N. Beacon Street, to 279 Dartmouth Street, Boston. His associate for Melrose is Dr. Samuel A. Kimball, of Bath, Maine.

COMMENCEMENT OF THE UNIVERSITY OF MICHIGAN.—Commencement Day at Ann Arbor was, as usual, marked by great crowds of visitors. The University Hall, holding four thousand people, was crowded to its utmost. Music, oratory, and flowers lent their charms to the occasion. Over two hundred students in the various departments were graduated. In the Homœopathic Department sixteen received the degree of Doctor of Medicine, four of these being ladies.

THE ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, will be held in Philadelphia, September 18th, 19th, and 20th, 1883. An entertaining programme is in preparation, and no pains will be spared to make the session both profitable and enjoyable. Headquarters will be at "The Aldine," Chestnut Street above Nineteenth, where accommodations can be obtained at \$3.00 per day. The Secretary's Circular, shortly to be issued, will give full particulars. Members who wish to present papers, should notify Dr. Caruthers, 107 Arch Street, Allegheny City, *at once*, in order that they may be mentioned in the circular.

BUREAU OF CLINICAL MEDICINE, PENNA. STATE SOCIETY, 1883.—The Chairman of the Bureau of Clinical Medicine, of the State Medical Society of Pennsylvania, requests the members of the Bureau to send him their papers, or the titles thereof, as early as possible. Also that reports of clinical cases, coming from any one, a member of the Society, will be thankfully received, and presented at the coming meeting in Philadelphia. The Bureau of Clinical Medicine consists of Dr. W. J. Martin, Pittsburgh; Dr. Ad. Lippe, Philadelphia; Dr. C. F. Bingaman, Pittsburgh; Dr. E. C. Parsons, Meadville; Dr. C. C. Rinehart, Pittsburgh; Dr. A. P. Bowie, Uniontown; Dr. J. K. Lee, Johnstown; Dr. H. J. Evans, Altoona.

Respectfully, W. J. MARTIN, *Chm.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—This Society will hold its regular meeting at Ithaca, September 11th and 12th. The Ithaca Hotel, will entertain physicians and their friends at \$2.00 per day. The Delaware, Lackawanna and Western Railroad will sell return tickets at Ithaca for one-third the usual rates. This road connects with New York and Buffalo. The Utica Ithaca and Elmira Railroad will carry passengers from Utica and Elmira and return for the fare *one way*. The steamer on Cayuga Lake will convey members from Cayuga Bridge on the New York Central and Hudson River Railroad, and return, for \$1.00. All the above tickets will be sold on the presentation of a certificate which will be furnished by the Secretary. Members should address him as follows: A. P. Hollett, M.D., Havana, N. Y.

MARRIED.—GOODSELL.—GRAHAM.—At Washington, D. C., May 15, 1883, Dr. Charles F. Goodsell, of Ashland, Mass., to Miss Ada V. Graham, daughter of Mr. Robert H. Graham, of Washington.

DIED.—Recently, at his residence in Boston, Mass., Dr. E. B. de Gersdorff.

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SYMPTOMATOLOGY THE PHYSIOGNOMY OF DISEASE.

BY JNO. YOUNGLOVE, M.D., ELIZABETH, N. J.

(Read before the New Jersey State Homœopathic Medical Society.)

SYMPTOMATOLOGY is the physiognomy of disease. It is the outward, visible feature of an internal, occult disorder. Symptoms are the language of nature in her extremity. They are like the spectroscope to the distant planet, discovering thereon certain unseen ores and metals, and diagnosing their nature and character, as well, also, as the great constituent elements of the sun. A physical faith, the evidence and testimony of things unseen. And just here I give answer to that absurd proposition: "Believe nothing but what you are positively obliged to believe, and that which is palpable." In the logical words of Professor Smiles, of London: "Are we to believe only in what we can see with our eyes, and touch with our hands? Are we to believe in nothing that we do not understand? We see only the surfaces of things. How can matter help us to understand the mysteries of life? We know absolutely nothing about the causes of volition, sensation, and mental action." We know that they exist, but we cannot understand them. When a young man declared to Dr. Parr, that he would believe nothing he did not understand, "Then, sir," said the doctor, "your creed would be the shortest of any man whom I ever knew." But Sidney Smith said a better thing than this. At a dinner at Holland House, a foreigner announced himself a Materialist. Presently, Sidney Smith observed: "A very good soufflet, this!" To which the Materialist rejoined: "Oui, Monsieur; il est ravissant!" "By the

way," replied Smith, with his usual knock-down application, "may I ask, sir, whether you happen to believe in a cook?"

We must believe a thousand things that we do not understand. Matter and its combinations are as great a mystery as life is. Look at those numberless far-off worlds majestically wheeling in their appointed orbits; or, at this earth, on which we live, performing its diurnal motion on its own axis during its annual circle around the sun. What do we understand about the causes of such motions? What can we ever know about them, beyond the fact that such things are?

Having thus laid down a philosophical basis, I proceed.

Professor Dunglison, in giving the definition of "physiognomy," says that "in infantile diseases, numerous shades of expression are evident, which experience teaches how to appreciate, and which afford useful guides in understanding the pathology of that period of existence" So much from the conservative pen of an old-school writer.

But symptomatology, as the physiognomy of disease, has a far wider range than this. It comprehends all ages and all diseases. The expanded brow, the straight, aquiline nose, and the prominent chin of the cultured Caucasian signify the intellectual force and comprehension, the high aspirations and tastes which underlie them, and of which they are the external exponents. These, in contradistinction to the receding forehead, the flat nose, and depressed chin of the native African, denoting a low order of intellectual capacity and tastes underlying them.

The expanded pelvis and the marching gait, are, to the eye of the sexual physiologist, the significant symptoms of the fruitful, bearing woman. And the well-developed chest, the enlarged and hardened muscles of the arms, and the thick, prominent back-neck, continuous with the base of the brain, present to view the physiognomical symptoms of the great power and endurance of the pugilist. And so on through the field of art and nature.

But, in considering the subject in hand from the root up, and in its true and primitive aspect, we must sketch briefly to our mind's eye a picture of those times when books did not exist, and pathology was unknown. What we enjoy to-day as auxiliaries in the treatment of disease are the accumulated printed pages of centuries. But, going back of all this, and looking at man in his primitive condition, what do we find? Simply this: that, of all animals born into existence, no creature at first is so weak, helpless and dependent as man,

not only in the gaining of *sustenance* for the body, but in the *treatment* of its disorders. For, distinctively speaking, the so-called brute creation, when compared to the *genus homo*, have the advantage of not only being physicians unto themselves by instinct, but the medical profession is also naturally represented there, especially the "old school," by the doctor-fish, who has in his side a lancet, which comes out without warning, and is always sharp and ready for use. We say: "physicians by instinct," and, therefore, superior and more certain in their prescriptions, because instinct, according to the famous Dr. Good, is "the operation of the principle of organized life by the exertion of certain natural powers directed to the present or future good of the animal, whilst the reason in man is the operation of the principle of intellectual life by the exercise of certain acquired powers directed to the same object;" and, therefore, inferior. The former, God-given, perfect from the first and direct; the latter human, imperfect, of slow growth, and acquired. It is this wonderful instinctive perception, which, for instance, leads the little Ichneumon of South America, who when bitten by the poisonous reptile and he feels the symptoms of a pathogenetic disease creeping through his body, runs straight to the healing herb, eats, and is cured.

The animal, too, is superior to man, in that he understands or knows, if I may so speak, the law of prophylactics or preventives. The horse avoids browsing the poisonous herbage, and the birds on the solitary island refuse to peck the poison berries which the hungry, shipwrecked sailor ignorantly and unwittingly eats, and dies. So, while the brute creation are, by the inherent force of their nature, symptomatologists and physicians, man becomes so only by observation, comparison, experiment, acquirement, and long years of study in the operation of the principle of intellectual life. But, even through such a course and medium, it is a very desirable object.

To this let us lend our energies. But it may be said that, in studying and observing symptoms, and prescribing by their indices alone we study and consult only *effects* and *products*, not *causes*. But we ask what better avenue is there, by which we may study into cause and etiology, than by effects? Causes are generally in the darkness, symptoms in the light. A man wandering through the mazes of a dark and dismal cave is lost. But the guide places in his hand a cord, the following of which directs him back to the light of the outer world. The leading string of itself has no intrinsic value, but as a director, it is the golden thread, valuable as life. Sym-

tons are the golden directing thread which we can see and handle, and which by following we are lighted so as to behold the nature and the seat of the disease.

You are sailing on the broad Atlantic, far from land, and looking off from your own deck over the oval deep, you see in the far distance a red flag fluttering from its staff. This, and nothing more. It is the flag of distress. But you can see no ship. And yet you know full well that that flag and staff are attached to something below, and hence point with unerring certainty to the exact location of the foundering vessel and the suffering crew below. Help is implored. So, disease exhibits symptoms as the flag and staff of her distress. They point with unerring finger to the location and nature of the underlying mischief and lesion. But, in all of this we do not wish it to be understood that we would underestimate the lessons and benefits which have been garnered in the field of pathological anatomy. Such discoveries and revelations are valuable as integers in the advancement of general science and knowledge, but how valueless and useless are they as practical aids to the homœopathic practitioner, as he sits by the bedside of his sick and restless patient. That spot and that place alone is the touchstone of the comparative practical value between pathology and symptomatology. Let me substantiate my position here by quoting the words of the lamented Dunham, so germane to this point. In a learned paper on the "Relation of Pathology to Therapeutics," *New York Transactions*, 1864, vol. ii., page 52, he says:

"Physiology and pathology themselves teach us that the science of pathology can in no sense serve as a basis or foundation of the science of therapeutics. They show us, that whereas pathology is the science of disease, based upon a theory of observed morbid processes, therapeutics, when truly regarded, is a science of cure, based on a theory of cure, and resting on a foundation of experiment."

A standard "regular" M.D. will set symptoms aside, and diagnose the disease *per se* by lumping it. He pools the symptoms. Then he gives a compound medicine that acts upon the organ diseased, or upon that part of the economy where, he believes, exists the pathological condition. "Acts" upon the part, I say; but that is not enough. The drug should act in a saving way. The boat-load of sailors, sent to relieve and succor the foundering vessel, may scuttle the ship, and drown the crew, and yet they have acted upon the distressed ship. So, also, may remedies act, when administered from the

blind standpoint of morbid anatomy instead of the significant indications of symptomatology. Thus, a medicine should be given which is not only capable of acting, simply acting or impressing a diseased tissue in the abstract, but the medicine should be carefully chosen, and then administered in that certain line which is harmonious and adjustable to a peculiar and perhaps unique disease of the organ or tissue in question. Or, to go deeper, "the true problem of the art of medicine is to apply to the abnormally acting cell-wall that remedial agent which is capable of acting directly upon it, and *in such a way* as to *restore its normal action*." And, again, it should be a drug which is capable of causing a like train of morbid symptoms upon the healthy. These three points, and we have the medical tripod, upon which rests the conscientious, studious physician. There are many medicines which, in various respective ways, act upon the same organ and class of tissues, but what particular one shall we select which will meet and relieve this particular case? The art of symptomatology meets the issue; thus: we have two quantities, if I may so speak, for our study and inspection: first, the totality of the symptoms of the real disease, and, secondly, the pathogenetic symptoms of the drug disease, culled from *materia medicas*.

Cases are constantly occurring where we must either speculate regarding the pathological character of disease, then blindly drug, or, if we prefer to discount symptoms, leave the case untreated. The former, though it is to some a perfectly rational practice (when it is successful), is tainted with the blemish of uncertainty, first, on account of the risk that our idea of the pathological nature of the disease may be wrong, or, secondly, that the knowledge respecting the pathological sphere of the remedy may be erroneous, or, thirdly, that both together may be incorrect. In every case, where practicable, a selection, guided by a close similarity of symptoms of disease and drug, is to be preferred as at once more truly rational, and hence most successful.

The speculative plan should only be adopted as a dernier resort in the event of failure to discover among the recorded and observed effects of drugs the simile to the symptoms of the disease, which event would not occur to a thorough student of the *materia medica* and *Repertory* once in a thousand times.

If the pathology of the disease and the known *pathological* effects of the drug are duplicate or similar, why then we may prescribe from that true standpoint, leaving external symptoms entirely out of the case. Very well. But how very

seldom do we have those two quantities presented in the problem which lies before us to solve. It is generally impracticable, and hence we are forced back upon the ever-visible countenance of symptomatology. Besides, pathology, as many admit, is an ever-shifting science, and is just as likely to be wrong as right. But there is more of an accurate system of splendid philosophy in symptomatology than many have ever dreamed of in their philosophy. I have learned to honor the dignity of symptoms, and respect even the most insignificant and minute. Throwing aside the scalpel of the morbid anatomist then, symptoms comprehend the major part of our knowledge of disease. Symptoms, also, as indicated above, constitute almost our entire knowledge of the toxicological action of drugs. To this point Hahnemann, in his incomparable *Organon*, ably remarks: "In a disease, presenting no manifest exciting or maintaining cause for removal, nothing is to be discovered but by symptoms. These alone must constitute the medium through which the disease demands and points out its curative agent. Hence, the totality of these symptoms, this outwardly reflected image of the inner nature of disease, *i. e.*, of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure."

But this effort would be incomplete did we not stop for a moment and consider in a more specific sense that which we call the keynote symptom. The idea can best be elucidated in a brief way by illustration. In disease, with its various symptoms, it is like the tap-root to the tree, surrounded by a multitude of rootlets, and which the Chinese sever in order to produce their famous dwarf trees. It is like the keystone to the arch. It is the key to the situation, often opening up the whole interior. It is like the single bone of the fossilized animal, or the lone scale of the fish to the astute naturalist. It is said of Professor Agassiz that he had so thorough a knowledge of the whole animal kingdom that, show him but a single scale of any fish, and he would take a piece of chalk, and, stepping to the blackboard, draw out a perfect delineation or likeness of the species of fish to which the scale belonged. In like manner, also, may the accomplished symptomatologist diagnose an obscure disease through the description or observation of a keynote symptom. It was this insight and prophetic knowledge which gave Hahnemann the ability to designate the homeopathic remedy, which would and did meet with success the terrible scourge of Asiatic cholera, which was devastating Western Europe, long before he had ever seen a case.

Carroll Dunham, once called into the presence of a complex and protracted chronic case in consultation, immediately marked with his trained eye the persistent loquacity of the patient, but which had eluded the observation of the regular medical attendant. This he noted as the keynote symptom of the disease, and without any further examination prescribed Stramonium. His wisdom and penetration were ratified by this decision, not only in the correct diagnosis of the disease, but also in the cure of the patient. A child came to a physician's office one evening, with the request to "send her father some medicine to stop the nosebleed." No further information in the case than this symptom, that "the nose bled while stooping." Upon this hint, he sent *Rhus tox.* The wisdom of this prescription was subsequently justified when he learned that the man was suffering in the first stage of typhoid, for the *Rhus* had checked the epistaxis; not because it is an abstract specific for nosebleed; no! but rather by virtue of the fact that *Rhus* was at that time homœopathic to the whole group of typhoid symptoms, and of which the nosebleed was the most prominent.

And yet, if there is any spot in the realm of medicine where the science and art of symptomatology has done creditable service, it is in the treatment of uterine disorders. It has done much during the past few years in doing away with the machinery and the painful and embarrassing cross of speculums and pessaries, and proved to us that diseases of the womb can be diagnosed and cured through the light afforded in the appearance of morbid discharges, the description of the character of the pains and sensations, and of other symptoms also, as well as the diseases of any other internal invisible organ. Luckily for the liver, it never had a vagina leading up to it. If it had, there would have been an endless number of liver speculums and pessaries for sale, and in use.

It is to be deprecated that there is such a growing tendency in our school towards the use of machinery in diagnosis and the practice of medicine. Too much of the square rule of old-school pathological diagnosis, and of the thermometer, and too little of symptomatology. Too much of materialism, and too little of the dynamic. Take, for instance, a full-fledged case of enteric fever. The thermometer here is the alpha and omega of some men. It is pressed to the extreme, and when at last the patient becomes either too unconscious or too delirious to trust the glass tube in the mouth with safety, it is by great inconvenience pushed in the axilla, or passed into the rectum.

Why this persistence, when there are such a progeny of significant and easily-discernible symptoms lying around loose: the insensibility or delirium, the restlessness, the dull, besotted countenance, the fanlike motion of the *alæ nasi*, the putrid, vicarious excretions, the inflated abdomen, the picking at flocks, the sinking of the lower jaw, the sliding towards the foot of the bed, and the very inability of the poor sufferer to protrude the hard, dry, brown, trembling tongue. All these, and more, present a volume of significant language, and an open page. The red flag flutters in the breeze. It is enough. Read. A physician, with the thermometer in hand, standing before such a picture, is like the hungry, starving man, wandering through a vineyard, and picking up the very stones at his feet, while all around and above him hang abundant clusters of the ripened grape.

I have seen physicians raise a very sick case of pneumonia from the supine to the sitting posture in bed, and then pound away at the back of the chest, in order to learn the internal pathological condition, and thereby exhaust the strength and do more harm to the patient than the benefit obtained in percussion, or the glory gained in a pedantic exhibition of learning. There are generally enough symptoms subjective in a case of inflammation of the lungs, in order to prescribe satisfactorily and successfully, without resorting to such a procedure.

And this leads us up to the final point in this essay, and which is obvious in all these pages, and that is this: a knowledge of symptomatology, the physiognomy of disease, should ever go hand-in-hand with a thorough and exhaustive study of the *materia medica*. It is imperative. They should be aligned, and march even, one with the other. These two accomplishments, kept bright by the attrition of thought and observation, a physician, so endowed and so armed is well-nigh invincible in the presence of dread disease. He is master of the situation, for he has known in this, as well as in other departments of life, that whatever is worth doing at all, is worth doing well, and, moreover, that there is no excellence in the practice of homœopathic medicine without great labor.

THE TREATMENT OF DIPHTHERIA.

BY C. NEIDHARD, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

DURING this winter I have attended from forty to fifty cases of diphtheria, in all of which the membrane was visible

on the tonsils or pharynx. Only three of these cases were of a severe character. It has been remarked by others as well as by myself that the selection of a remedy from unimportant symptoms, will not lead us to the true similar, and strictly to the similimum, in any important case of disease. On the contrary, this method will often lead us astray. I have, in consequence, always advocated the selection of our remedies from the similarity of the general character of the remedy to the character of the disease. After an exhaustive and thorough study of all the remedies having reference to diphtheria, Muriatric acid and Calcareo carbonica seemed to approach nearer to the true character of this disease than other remedies. It was thus that I was led to the employment of the Liquor Calcis Chlorinate, in which were combined, in some manner, the actions of both. After giving this remedy to innumerable patients, in various stages of the disease, I saw enough to convince me that its action was truly homœopathic, and not merely chemical or antiseptic. It would always reduce, quicker than any other remedy, the swelling of the submaxillary glands. It would also relieve the anæmic condition and great prostration of strength characterizing this disease. The appetite would return, the sopor disappear, and finally the membrane would shrivel and become loose. In serious cases, the remedy had to be exhibited every quarter of an hour day and night. The last case I had was fatal. In proclaiming my faith in the inestimable value of this remedy in this formidable disease, I do not wish to say that it is alone sufficient in every case, although it will always constitute our chief remedy. The main objections to its employment are its bad taste and that it has never been proved. The first can be rectified by the addition of gum arabic, and a proving will be instituted on man and animals. One of my most severe cases this winter was that of a young man who was removed from the house of his parents by his friends in order to prevent his being attacked by the disease. Already two of his sisters and one brother had died of diphtheria within ten days under homœopathic treatment. He was perfectly well when he left his family, but three days afterwards the disease broke out in its most malignant form. As his friends were my patients, I was called in to see him. After attending him for several days, I despaired of his recovery. By the persevering use of Chloride of lime, day and night, his life was nevertheless preserved. At the same time he used a gargle of milk of sulphur.

For hæmorrhage from the nose and throat, *Crotalus h. 2d trit.*, is my chief reliance. For the croupous form, *Kali bichromicum* cannot be dispensed with.

I have seen several cases where the diphtheritic membrane attacks the stomach and the anus, the pudenda and the vagina. I have not the slightest doubt that the poison penetrates every part of the body. A striking case of the latter kind fell under my observation. This was a lady who came on to see me from Cleveland, Ohio. Her physicians did not seem to agree about the nature of the case. One called it a cancer, and another some other disease. After a careful examination, by the aid of the speculum, a thin diphtheritic membrane was discovered in the vagina, extending as far as the uterus. The internal and external use of the Chloride of lime restored her to health.

A YOUNG PHYSICIAN'S DEATH-LIST.

BY GEORGE B. PECK, M.D., PROVIDENCE, R. I.

(Read before the Rhode Island Homœopathic Society.)

OCCASIONALLY to review the past is profitable. No more suggestive and convenient aid to this pleasant occupation is available to general practitioners than mortuary and obstetric registers. But few facts need be recorded; for each important occasion memory will ever supply desired details. Behold, then, sketched in such a manner, some of the dark hours of my early professional life; the scenes may encourage my juniors, comfort my seniors, and, perchance, interest all.

The period for which the adjective *young* may properly be applied to a physician is indeterminate. None would restrict it, however, to less than five years; therefore boldly will I tell my tale, pleading youth and inexperience as sufficient excuses for all imperfections.

The number of victims recorded in the time just designated is seventy-five, somewhat irregularly distributed. During the first year there were six; the second, two; the third, twenty-one; the fourth, twenty; and the fifth, twenty-six. It should be remarked that, at the commencement of my third year, I accepted the appointment of visiting physician to the Providence Homœopathic Dispensary for the eastern district; also, that scarcely one-half of the defunct were tolerably, and not one-quarter comfortably, circumstanced, as we employ those terms. In view of this fact, can it be accounted strange that for the last seven months of the fourth year, and the first five of the fifth year—that year during which I made returns to the

State Board of Health, and the only one of which there is accurate record—I found my monthly death-rate to be 2.25 per cent. of the total number of persons treated? The specific assigned causes were distributed as follows: Consumption, seventeen; debility and capillary bronchitis, five each; still-born, four; diphtheritic croup and diphtheria, three each; membranous croup and pneumonia, cholera infantum and epilepsy, also old age, two each; apoplexy, atrophy of liver, catarrhal pneumonia, cyanosis, criminal neglect of parents, chronic dysentery, chronic diarrhoea, cancer of liver, cancer of liver and kidney, cancer of uterus, gastritis, acute hydrocephalus, heart disease (organic), intramural uterine fibroid, inflammatory rheumatism (metastasis to brain), marasmus, acute nephritis, nephritic abscess, placenta prævia (central complete), paraplegia ascending, paralysis, peritonitis (after suppressed menstruation), pleurisy, post-pharyngeal abscess, sarcoma (uterine fibrocystic), scarlatina, starvation (criminal) and tubercular meningitis, one each. To the peculiarities of some, and the interrogatories of others, your attention will, from time to time, be directed.

The consumptives were all but equally divided as to sex; with regard to age, that of the women was 20½, 23½, 31, 36, 38, 53½, 63, and 68½, while that of the men was 20, 22, 26, 38, 38½, 40, 41½, 48 and 56½ respectively. The youngest woman was unquestionably a victim to the brutality of her husband; the oldest I never saw; she did not believe in doctors, nor would she take medicine wittingly.

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The second class, also pulmonic, is but one-third the size of the preceding. Capillary bronchitis was supposed to remove four infants, and one person extremely advanced in life, two girls aged five months, thirteen days, and one year, respectively, two boys of eleven months, and twelve and two-thirds months, and a lady of ninety-two years. The first was kindly though unintentionally assisted out of the world by incautious doses of paregoric administered by a fond mother; I saw her but half an hour before death. The third I visited but twice—on the fourth and third days prior to his departure from this sublunary sphere. The parents were satisfied that it was God's will to take him, and they didn't want any doctor around interfering.

My third section includes five names also. It is not a pretty class. No physician gains credit when he mentions it as the cause of death. Like others sometimes assigned, it is

a confession of ignorance, a euphemism for "unknown." Though occasionally necessary and proper, too often, alas! they are merely convenient. Debility's victims were aged eight hours, one month and six days, six weeks, sixty years and seventy-four years, respectively. As would naturally be expected, I attended at the birth of the first. It was the fourth child. The mother seemed delicate; she informed me after delivery that each had been smaller and feebler than the preceding, also that the pains each time had seemed less efficient than in the labor immediately preceding. I had quickly discovered for myself, however, that, while the parturient canal was in splendid condition and the expulsive efforts regular, the child would not move the tenth part of an inch without assistance. Expulsion of infant and placenta were alike and alone accomplished by the muscular force of my left hand and arm. No untoward event occurred, but the child quietly entered on its last sleep, as already indicated, destitute evidently of sufficient strength to perform the simplest functions of life. The mother, if I mistake not, has since died of consumption in charge of an allopath. The second was the first child of a young Irish-American who suffered through childhood and youth from some disease of the left leg, which has left it exceedingly deformed and himself consequently very lame. The third was the feebler of twins, and all know how prone such a one is to hie himself away and leave naught but a pleasant memory behind. The name of the fourth I have not recorded, but believe it was a woman. She met death in one of the social cesspools of our city. The last was a man of exemplary character, who had filled up the full measure of his years with hard work.

About a year and a half previous to his demise this person suffered from a severe and protracted attack of dysentery under the observation of an allopathic physician of extensive practice. Failing to improve after several weeks, he sent for a homœopath. The latter attended him five or six days with some apparent relief, when the invalid's money gave out, and he dismissed his attendant, saying he might as well die first as last. Three days later the case was brought to my notice. Considering carefully what he had been through, also his extreme age and exceeding infirmity, I placed him on half-teaspoonful doses of Hamamelis extract and three or five-drop doses of the fluid extract of Mandrake, the former four times a day, the latter before meals, with immediate relief and reasonably prompt restoration to health. Did I cure that

man of his dysentery? Not a bit of it! I simply afforded Dame Nature an opportunity to exercise^e her inherent restorative power.

What is it to cure? Popularly the word is used as signifying "to restore to health, soundness or sanity," but more properly and technically "to subdue or remove by remedial means" (Webster's Unabridged). Now, a remedy is "any medicine or application which puts an end to disease and restores health," not suppresses disease, or, rather, its appropriate manifestation. The latter exploit was brilliantly performed on a certain day, by a member of this Society, at the Dispensary. A young man called while suffering intensely from nettle-rash. A suitable medicine (we will suppose) was handed him. "But what shall I do for the itching?" he asked. "Well," replied the practitioner, "if you can't stand it, bathe the worst spots in saleratus water!" The fellow went home, and, as all know who have an experimental acquaintance with that disease, felt worse *all over*. He accordingly took a sponge bath with that preparation. Two days later he presented himself again at the Dispensary and to the writer. He was an interesting looking object! He was in a delightful condition! But there was no nettle-rash to be seen; it had entirely disappeared. It had been "removed;" there had been an exhibition of "medical cure." But few would have the temerity to affirm that a *cure* had been effected.

The "regular" school recognize this distinction. After boxing up together drugs chiefly conspicuous for constringing the various tissues when employed in "mass" quantity; those suggestively irritative to both the minds and nerves of their unfortunate victims; those supposed to generally invigorate the animal economy; those benumbing the sensibilities; in appropriate small compartments, those intended to goad the entire system or particular organs to extremest exertion or burden till they can barely move; and, finally, those employed as entozoic exterminators, a small but important residue is gathered together, bundled and labelled, for want of a better name, "alteratives."* These are "medicines which produce such a modification of the nutritive processes as enables the vital principle to restore healthy action in morbid condi-

* Of course, the few allopathic authors and instructors who have already half learned their first lesson in homeopathy—the individualization of the drug—are excepted. When they shall have *thoroughly* mastered this principle as well as its correlative—the individualization of the patient—their style of medication is as certain as an identical equation.

tions of the system" (Biddle). They "do not, at least in the doses commonly used, produce any very obvious symptoms," they "neither stimulate nor depress, so far as can be perceived, any function of the body, but their therapeutic effects are among the most assured of clinical facts" (Wood). In these statements Riley, Pareira and Stillé substantially concur. The first, however, hazards his reputation as a close observer and accurate reasoner on the prediction that, as knowledge increases, this group of necessity will diminish; the second proves his erudition by the affirmation that "nearly the whole of the articles comprising the materia medica belong to this group;" while the third ventures the (to himself) dangerous announcement that "alterative medicines act to a great degree in the same direction as the diseases which they cure."

But even the casual reader has not failed to observe for *himself* that most drugs are recommended by allopathic authors for numerous diseases wherein their physiological (more properly speaking, toxic) properties cannot possibly account for the beneficent influences imputed to them, nay, rather, wherein such qualities contraindicate them. He has also noted the fact that the "physiological" use of the typical alteratives is so insignificant as to be absolutely inconsequential. He clearly sees, as by the rays of the noontide sun, that double use of remedies practically recognized for many a day (and with geometrical progression as the years roll around) in the various dosage of each individual drug, but steadfastly rejected in theory—God only knows for what reason: the one temporary, "physiological," *antipathic, palliative*; the other permanent, "alterative," *curative, homœopathic*. In the instance under consideration the remedies administered *did* stimulate and depress certain functions of the body, acting as a cholagogue and as an astringent respectively. The fecal matter, which had been discharged in hardened masses, was softened, to glide gently over the inflamed and denuded portions of the intestine; the portal venous system was constricted, the determination of blood thitherward averted. If *either* drug was discontinued (as happened prematurely once or twice to each through my impatience) there was an immediate relapse to the *original* condition, which could not have occurred had either been exerting a curative influence. Furthermore, had the drugs performed an "alterative" function, they would have acted "in the same direction as the disease." There is no evidence they did so; for neither Hughes nor Hale nor Allen

record any symptoms at all corresponding to the condition then obtaining, save that very indefinite and practically valueless comparison—"dysenteric."

From this illustrative case, and the orthodox teachings above quoted, may be learned this important practical point,—the rock of stumbling to the old school, and to the "physiological" wing of the new school as well. Carefully scanning the phenomena exhibited by countless invalids brought to its notice, the former observes that numerous groups manifest certain marked symptoms common to each individual member, but distinct in their totality from all elsewhere perceived. To these symptoms it applies a definite name, and calls the thing thus labelled a disease. Now this thing, though not without its uses, is not possessed of actuality: it is a creation, a dream of the intellect merely. And because this concept does not exactly correspond with certain individual facts of the Creator's ordination falling also within its scope of observation, but other than those upon which the classification is based (a correspondence which, from the very nature of the case, the peculiar origin of the former is an absolute impossibility) it boldly and causelessly affirms that there is no correlation, no harmony in those manifestations of infinite wisdom, benevolence and power which most of all seem to demand them.

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They *seem* to forget that no two manifestations of a so-called disease are precisely alike; that even the phases of two successive days are dissimilar; and that hence it is sheerest folly to indicate any drug or combination of drugs, whose effects are uniform and fixed, as *the* treatment of so fickle and intangible an object. They *do* forget that their literature is crowded with well-authenticated cures of almost any given disease by well-nigh countless remedies, and manifold more numerous, emphatic and equally authoritative declarations that each is inefficacious and worthless. Neglecting to investigate carefully the cause of these diametric contradictions, they have failed to discover that Mercury is an absolute, specific, and certain cure for *all* the ravages of syphilitic poison, made "in the same direction" that itself acts, and that Iodine possesses identical power; that Cinchona and Arsenic are equally specific and absolute for their respective types of malarial poisoning, and all are valueless and worse than valueless when elsewhere administered. Blinded to the fact that each and all of these, as well as every other medicament, being actualities, are specifics adapted, not to idealities—

vapory nothings—but to certain other actualities, namely: morbid conditions manifesting themselves “in the same direction,” they have too often turned a deaf ear to the encouragements of hope and the pleadings of suffering humanity, and announced to their students, if not to the world, that the curative power of medicine is naught; its evanescent, palliative action alone is worthy reliance.*

Certain of the Homœopathic School, recognizing the “alterative” principle of medical action, have zealously and nobly labored to demonstrate its adaptation to all known drugs in a thoroughly “scientific” manner. Invaluable is the work they have accomplished. To many if not most minds the principles they have enunciated afford the best, perchance the only, means of mastering the intricacies of our *materia medica*; they are the skeletons to which adhere the muscles of the symptoms. But many of their followers, unfortunately, worship at the shrine of Pathology, value the concept above the actuality, and consequently not unfrequently are found to be treating patients with their low dilutions and crude drugs antipathically, not homœopathically; palliatively, not curatively. Desirable as it unquestionably is to know what drugs produce symptoms corresponding in a general manner to our concepts, it is far more important to know which of these has produced the *exact symptoms* exhibited by the patient under observation, for thus *alone* can one determine the remedy best suited, more properly the *only adapted remedy*, for that particular case; thus *alone* can he be sure that he is enabling “the vital principle to restore healthy action in morbid conditions of the system” (Biddle), and not merely wasting his medicines or, still worse, aggravating what he would cure.

My fourth class of losses is that for which the attending physician is generally unaccountable,—the still-born.

Of the four delivered during my first five years of practice, two had been dead at least a week before the inception of labor, and another three days. Concerning the remaining one, I know nothing save that the mother had intentionally aborted from the use of drugs about the middle of the preceding pregnancy. I strongly suspect there was special cause

* The therapeutic principles taught in the school from which I am proud to hail, and which to-day I gratefully love and venerate, were simply these: 1. Sustain the powers of life. 2. Attend to the secretions. 3. Employ local treatment if required. Inviolable these, and adapted to practitioners of every name; but, alas! how meagre and unsatisfactory.

also in the third case mentioned,—the child of a primipara who despises family cares. The first is ever memorable in that it signalized my first obstetric engagement.

Four weeks had not elapsed since I had literally "posted" my modest shingle. All the intervening days, as I contemplated the inevitable first call, I shivered and trembled worse than any first-course student, for he knows he has his preceptor as a backer, while I, alas! must stand alone, as one familiar with the entire business, when the only lying-in chamber I had ever entered was that in which I found myself a mewling, puking babe. (Remember, I am a "regular" graduate!) It was the twenty-first of June, 1875. The morning star had just appeared to herald the glory of an unrivalled summer's day, when my night-bell rudely shaken dispelled every peaceful dream and sent an inexpressible thrill through my entire frame. "What's wanting?" shouted I through my speaking-tube. "Come right up here, on Grandview street, at once," was the reply (I live on the corner of Grandview and North Main); "come quick: it's a confinement case!" Instantly my heart commenced beating heavier and more rapidly than any trip-hammer, my knees began to shake, and perspiration started from every pore. However, I seized my pocket-case, containing forty-five remedies (my sole obstetric outfit, save a Tiemann's surgical case in my hip-pocket), and sallied forth with my guide. Conversation touched on very general topics—precisely on what I have not now the slightest idea. My feelings, of double nature, resembled those of a student on his way to final examination, and of a man expecting the sheriff at every ring of the doorbell. *Docuit usus!* My thoughts were concerned with questions of deportment.

On entering the sick-chamber I was at once nonplussed by the appearance of my patient. I had heard that women in labor, writhing, uttered querulous complaints, or short, sharp cries, straining to expel the foreign body. But she, with placid countenance, laid there at rest—not a trace of suffering visible. I *endeavored* to look wise—I *did* keep my own counsel. I coolly (?) inquired if she had been sick long, and, receiving an affirmative reply, continued, "I had best make an examination at once!" None opposing, I anointed my finger with lard and proceeded to make my first digital examination.

I remembered that at such a juncture I should find a bag of waters protruding, or the presenting part of the child, or at

least an undilated cervix ; but none of these responded to my inquiring touch. Naught but space, or rather a yawning cavern, of to me inconceivable dimensions, rewarded my search. How far I should penetrate in order to find the cervix or anything else, I had not the slightest idea. To say I was amazed would be to express my sentiments mildly. Still I looked wise and said nothing ! Finally I concluded to explore in detail the brink of this awful gulf. Swinging my index finger around I struck something crossing transversely the inferior edge in a direction perpendicular thereto, which seemed as stiff as a small tarred hempen rope, and yet felt like gristle. Soliloquized I, "*Guess* this may be the cord ; anyway I'll try and see where it leads !" Swinging my hand along its length outwardly, I suddenly struck something which at once revealed my position. Coolly remarking, as I drew it from the bed-clothes, "The child is born," and, as it came into view, adding, "and it has been dead some time," a woman, whom I subsequently learned is a midwife, promptly continued, "Yes, two or three weeks." "Yes," was my response, "at the very least that, for the skin is all peeling off." So I very deliberately proceeded to tie the cord and cut it, for the sake of experience, and then completed the delivery *secundum artem*. I wondered greatly that the midwife sent for me, as everything had properly occurred, but the appearance of a partially filled death certificate on the third day dispelled the mystery. I never have ceased to congratulate myself upon my easy initiation into the secrets of obstetricy.

Accepting the dictum of the most *modern* science (?) my fifth, sixth and seventh classes will be considered together. They include three deaths from diphtheria, three from diphtheritic croup, and two from membranous croup. These last occurred in January, '79, and December, '78, the first in March, '78, July, '77, and September, '77, and the second in January, '78, May, '79, and October, '78. The ages of the decedents in the order above given, were 10, $4\frac{3}{4}$, 3, 5, 10, $6\frac{1}{2}$, $1\frac{1}{4}$ and $3\frac{1}{2}$ years. All but two were at the very least comfortably circumstanced.

Concerning the first case of croup I know nothing, save that I was summoned on the sixth day ; the condition was such as to afford little hope from anything but tracheotomy. This was objected to by the parents of course (for they were Hibernians), and the child died on the tenth day.

The second was my little cousin. An aunt brought her to my office on a Saturday afternoon to wait for a car going down

street. As she stepped within the door the child gave the characteristic cough, and I promptly asked, "What are you doing with that child? She ought to be home and abed." She explained, when I replied, "I don't like that cough—it's too croupy! You are so near down town you may continue to gratify the child. She will hardly take more cold than she has already, but on your return give Aconite and Spongia every half-hour alternately, and keep her in the house, away from doors and windows." Sunday I visited her and found her condition decidedly improved. Continued the remedies once an hour, and ordered strictest care as to all manner of exposures, warning them of the danger of a genuine attack of membranous croup. The complete details I cannot give, for I have no notes whatever of the case, but I will mention incidentally, that some weeks later I ascertained, that Monday forenoon she was permitted to visit the neighboring public school, some half a dozen doors removed. Tuesday or Wednesday noon, when I called, the remainder of the family being at the table, she ran down from the nursery and admitted me at the outer door. Her mother is the first person I ever saw unterrified either by the word croup or its still more ominous sound. It is needless to say, that on Thursday the symptoms became urgent, and in addition to the ordinary treatment inhalation of iodized vapor from the steam atomizer was resorted to. The relief was marked, but, the disease still progressing, on Friday the vapor of slacked lime was used during a period of four hours. I had no confidence in the measure on theoretical grounds; experience has satisfied me. Saturday morning, Dr. Charles L. Green, surgeon, arrived, accompanied by Dr. Geo. L. Barnes; tracheotomy was performed with immediate and permanent relief, but, as Dr. Green cleared the trachea with his finger preparatory to inserting the tube, he drew out long shreds of membrane extending in either direction. Dr. Barnes and I exchanged glances, but said nothing; the child died before the close of the day. Reflections: if the girl had received even ordinary watch-care she had not died: tracheotomy is invaluable even as a palliative.

A practical suggestion is here in order. One of our best and most experienced men remarked to me one day, "What Aconite, Spongia and Hepar will not save, nothing will." I indorse the sentiment with the addition of Iodine inhalations as an adjuvant. While in very rare cases complications may call for another remedy as an intercurrent, croup is so emphatically a disease *sui generis*, at least in this city, it is futile

to waste time experimenting with other things. Ordinarily I use the 2^x dilution of the two liquids and the 3^x trituration of the solid, twenty to thirty drops of the former in a goblet of water and a portion the size of a large cranberry of the latter. The dose of each is two teaspoonfuls repeated as required, every half-hour, or fifteen minutes if necessary. Occasionally, in place of Spongia 2^x, I have substituted in extreme cases, with marked advantage, Spongia θ , using five or six drops in the same quantity of water. Rarely I have been compelled to administer the doses of the alternate medicines at intervals of only ten minutes. Generally Aconite is given with Spongia so long as a marked inflammatory condition obtains, Hepar being substituted upon its subsidence, or when any impression has been produced on the membrane. I have found the spray most effective when the water in the feed cup of the atomizer was saturated with iodine tincture.

My first death from diphtheria was that of a boy five years of age. The mother was perhaps twenty-one years of age, destitute of government, education and brains—quite rattle-headed in fact. No doubt she loved her child, and did the best she could for it (at least she thought she did); but the boy generally had his own way, was permitted to play on the floor in violation of my express orders, and was humored in countless ways unknown. But one result could be expected,—exposure caused fresh deposits and infantile strength was soon exhausted.

To the young miss of ten years I was exceedingly attached. I had been the regular family attendant from the commencement of their residence here, which was well-nigh synchronous with my own professional establishment, and, despite the misfortune I am about to narrate, remained such until their removal from the State. She resided on Congdon street just north of Jenks street, an ungraded street near the summit of a high and very steep hill, with western exposure, commanding a view for nearly fifteen miles, over well-nigh a hundred and eighty degrees. Still, despite the beautiful situation, this fell disease rioted there for an extended period. My favorite became its victim. For a time everything progressed as satisfactorily as could be expected in an ordinarily severe case, but one noon, as I made my accustomed visit, a fearful sight sent dismay to my heart. What was it? Three sheets almost dripping with blood! The mother had gone out to fulfil some necessary engagements, and left in charge her most intimate friend, in whom both she and I (up to that time) had implicit confidence.

Soon after her departure, epistaxis occurred, which was checked in fifteen minutes. Five or ten minutes later, the girl, child-like, asked for a handkerchief. The lady handed it; she used it; the crimson stream burst forth afresh and flowed three hours before it was again restrained. No aid had been summoned, for the matron thought it would stop every moment. Imagine my feelings, if you can! I was angry, sick, sad, for I believed she had received her death-blow. I said nothing, for words could naught avail, nor more were they adequate for the duty required. Besides, the lady was beginning to realize what she had done, and her own conscience, as well as the anxious mother and suffering child, I thought, would prove sufficient mentors. The girl rallied, however, for two or three days, when persistent emesis supervened. I summoned the late Dr. Okie in counsel (Dr. Barrows had seen the patient at an earlier date, but his manner did not chance to please), and, at his suggestion, administered Kreosote 2^s trit. with satisfactory result. But now another danger threatened: albumen appeared in the urine! This increased until Dr. Okie, who had the general supervision of the case, ordered Terebinthina 1^s, so many drops in water, two teaspoonfuls to be given every two hours or so. Thunderstruck at the order, I replied, "Did I understand you to direct so many drops of the first decimal dilution, one-tenth from the mother tincture, to be employed?" "Yes," said he, "a solution containing one-tenth part of the mother tincture." With heavy heart, I turned away from his office, and proceeded to procure the designated remedy. Before I administered it, I mentioned to a friend the circumstance. The reply was, "What do you give the medicine for? I would not, if I were in your place." I rejoined, "If anything should happen to the child, and I had not obeyed orders, it would prove my ruin." Accordingly I carried out my instructions, with feelings not altogether unlike those had I been compelled to fire a revolver into her brain. The result was that anticipated—emesis returned, which was uncontrollable, and the girl gradually sank from exhaustion. It is reported that my counsel expressed surprise and regret at the course events took, but this is gossip; I never could bring myself to allude to the matter in his presence. And yet I do not really believe the end would have been materially different under any circumstances; that fearful hæmorrhage was in my opinion her death-blow. As may be readily believed, many a day elapsed ere I used Tereb. 1^s again. Then, it was by direction of a gentleman now present, for post-scarlatinal hæmaturia; the result

was most satisfactory, though the 3^x had failed. I have very rarely, and very cautiously prescribed it since. "A burned child dreads the fire!"

The girl of three years was taken sick some six months later. Dr. Okie, in some conversation, had remarked that, if he should have another case of diphtheria, he would treat it with hypodermic injections of Potassium permanganate, and requested me to call him to the next case. Knowing full well the promptly oxidizing power of that salt, I quietly resolved that he would not get a chance to try that experiment on any patient of mine—at least any for whom I had regard. I feared that its action would be simply local and an abscess the sole result. Accordingly, when this child became very sick, I refrained from calling him, but sought assistance elsewhere. My counsel said nothing could be done for her; in my opinion she was at the time sinking from blood-poisoning. Like the other two, she quietly passed away. In the light of subsequent experience, however, I have deeply regretted my obstinacy, for I believe that, if I had acceded to Dr. Okie's request, to a fond but now disconsolate mother would still be spared her only daughter.

Concerning my losses by diphtheritic croup little is to be said. Of the Irish boy, aged $3\frac{1}{3}$ years, I remember nothing. The girl of six and a half years was an orphan residing with her grandparents, of violent temper and uncontrolled will. She was dangerously ill when first seen, the throat nearly impacted with deposit. Proper directions were given as to seclusion, treatment, etc., but she *would* pass from room to room through a cold house, and linger at the windows. As the membranes were cleared from the pharynx, they extended to the larynx, and the most direful symptoms were manifested. Tracheotomy was suggested after my remedial skill had become exhausted, but, as I could give no encouragement of final recovery, the operation was rejected, and morphine per orem resorted to, *ad libitum*. The effect was not altogether satisfactory, and I then and there resolved upon the recommendation of tracheotomy as a last resort in all varieties of croup, or in event of its disallowance, hypodermic injections of morphine administered as required. The girl aged one and a quarter years was the last of a group of eleven cases, scattered through four families, occurring almost simultaneously, and all (on the contagion theory) derived from a family that I did not treat. This was the only fatality among my patients, though an allopath lost two out of three in the family whence these sprang.

Worn out by care, anxiety and toil, I left the city on a certain Saturday evening for needed rest, having engaged a competent person to see the child on Sunday. Monday morning I sought his report, and it was to the effect that she was doing finely. Of course I did not hasten to her residence, but at one o'clock, when I entered the house, her loud breathing conveyed most unpleasant tidings before I met a face. My first question was, "How long has that child breathed thus?" "Since eleven o'clock," was the reply. I felt relieved of all blame, so far as neglect could be charged, and immediately commenced treatment. She died, however, in twenty-six hours. The mother has told me she will always believe that had I not left the city, her child had not died.

On a certain occasion, I heard two ex-presidents of this society discussing, in the old R. I. Homœopathic Pharmacy, the identity of diphtheria and croup. They did not agree, and their conversation was decidedly animated, when the late Dr. Okie drove up. It was decided to refer the question to him. Now, Dr. Okie was intelligent, sagacious, and a keen observer, and to his opinions I have attached great weight (when they coincided with my own); therefore I listened with eager attention. "Certainly," he replied, when the interrogatory had been put, "there is no question about their identity. They are precisely the same as the cabbage and the rose. The rose grows on a stalk and has leaves; the cabbage grows on a stalk and has leaves; therefore, a rose is a cabbage, and a cabbage is a rose!" This unerring and unanswerable logic at once convinced, and since then I have accepted (?) the doctrine. The discovery is one of the most important in modern medical science. I have never ceased to regret I had not known it earlier, for it would have saved me so much money. It necessarily follows that, if the diseases are identical, only the remedies common to the treatment of both possess real value. Hence, as *Arsenicum* and *Hepar* are the sheet-anchors in diphtheria, and *Spongia* and *Hepar* in croup, it is the *Hepar* that effects the cure in each instance and the other two are wasted. Moreover, as *Alcohol* is the topical application for the one, and *Iodine* θ spray for the other, it is evident that the alcohol in which that metalloid is suspended really performs the efficient work.

Moreover, the climatic influences vulgarly supposed to influence the prevalence of croup are thus proved to be inert, and the frequent deaths reported from this cause at certain seasons are erroneously diagnosed.

In fact, as these brief hints sufficiently indicate, the univer-

sal recognition of this *truth* must inevitably revolutionize, simplify and *improve* medical art. Would that such brilliant generalizations might be indefinitely extended!

PATHOLOGICAL DISTINCTIONS BETWEEN PHTHISIS AND TUBERCULOSIS.

BY W. K. INGERSOLL, M.D.

(Read before the Homœopathic Medical Society of Philadelphia.)

A CLEAR and distinct outline of the difference between phthisis and tuberculosis is not very easy to make from a pathological standpoint. The same serofulous constitution may be the most important first cause in both diseases, and this condition is as yet outside the sphere of pathology, at least in any clear light. A tubercle consists in a collection of lymphoid round cells inclosed in a fibrillary network. In a zone internal to this network are larger nucleated cells with a large multinucleated giant cell in its centre. This tubercle is non-vascular, and as it enlarges, the vitality of the central mass becomes less (because of lack of nourishment), and dies and becomes cheesy. I believe all these cells are connective tissue in their origin, and not epithelioid at all.

In phthisis the tubercular formations are the same in structure as those found in tuberculosis, save that in phthisis the chronicity of the disease allows the fatty metamorphosis and caseation of the cell elements to take place, whereas in true tuberculosis death ensues too early for these degenerative processes to take place within the new-formed tissue of the tubercle. Then wherein do phthisis and tuberculosis differ? They have the same anatomical neoplasms formed in both. They differ only in the relative importance of their most essential lesions.

In phthisis an essential lesion is inflammatory destruction of lung tissue with or without tubercle. The retrograde metamorphosis of unabsorbed catarrhal or croupous pneumonic solidifications, resulting in caseation of these products, inflammation of the walls of the alveoli, and their subsequent breaking down and destruction, with or without tubercle. Here tubercle is a concomitant, not an essential in the disease.

In phthisis the general inception of noxious material from the cheesy centres is slight, because the new inflammatory connective tissue formed about the cheesy foci, are the bulwarks the system throws up against the absorption of a poison

into itself. However, only local tubercular formations exist. This is not always true, as it is found, especially in children, that lung solidification and caseation often precedes general tuberculosis, and the reason of this is, that the system is too weak to encapsule this cheesy mass, and absorption takes place rapidly.

We also acquiesce in the view that there may be a pre-existing tubercular condition of the lungs, antedating the phthysical solidification and destruction. I believe a system may be put into such a condition. The inherent weakness in the lungs, from the material drawn into them, does originate and produce the low inflammatory new formations called tubercles, resulting in irritation sufficient to produce catarrhal solidification, caseation and destruction of lung tissue. These cases are few, but nevertheless are well marked.

In the past eighteen months two cases came under my care, similarly affected under similar conditions. Young lady, 21; young man, 23; man healthy, good family history; lady's family history poor, and not robust herself, both subjected themselves to the hot steam coming from a dye-house. Both had most stubborn laryngeal catarrhs; the young man with decided swelling of one of the cartilages of Wrisburg. These laryngeal symptoms existed at least eight or ten weeks before the slightest sign of lung disease showed itself on physical examination, and my examinations were made repeatedly with the utmost care. It is my opinion that there were tubercles formed long before the signs of phthisis or solidification made themselves manifest, and yet these cases do not come under the term tuberculosis. Tuberculosis is an acute infectious disease, originating from the absorption into the system of noxious material from a pre-existing cheesy centre, and the deposit in any part of the body, except the skin, of lymphoid masses called tubercles, like those in phthisis but smaller. These new formations are deposited in the tissues of organs, interfering with their proper function and destroying in time the tissue, or tuberculosis may be termed a septicæmia, with such vitality in the system that new formations occur about each small septic focus. Had not the system the vitality to produce this fully formed or partly formed new tissue, these centres would become pyæmic or small aggregations of pus. Many authors maintain that there is not a pre-existing cheesy focus in all cases of tuberculosis. When we take into consideration how easily a cheesy mass may be missed in an autopsy, and take into consideration how often it is found, we have the right to infer that it is

always present. These cheesy deposits do not produce pain in their formation and often but little local inflammation about them; they are usually crumbling masses, the liquid elements having been absorbed. Hence they do not produce pain from swelling. In a post-mortem I have found the whole head of the femur filled with a crumbling cheesy mass. I was led to believe the hip-joint disease was better, from the absence of pain and swelling in the part. Hence I think it may be very easy to overlook the infecting centre in a post-mortem examination for tuberculosis, although the utmost care may be taken in making it.

We find phthisical or catarrhal solidification of the lungs in tuberculosis due to the irritating nature of the tubercle, and we find tubercle in phthisis due to the local infection from the cheesy foci. Then wherein is the pathological difference in the relative importance of the essential lesions? In phthisis the essential is the inflammatory destruction. In tuberculosis it is the infiltration of tubercle. The tubercle in the lung of a phthisical patient does not destroy it, although it helps, but it is the inflammation. The inflammation in tuberculosis does not destroy the tissue, but the infiltration of the tubercle does.

I hope I have made myself clear, that tubercle usually is only a local inflammatory growth, and the disease which derives its name from these growths should only be that general infectious disease of which tubercle is the essential lesion.

And in closing, I will make the point, that only in a few diseases can we make our nomenclature and rest our knowledge on pathological changes and pathological formations.

THE HISTORY OF TUBERCLE.

BY CLAUDE R. NORTON, M.D.

(Read before the Homœopathic Medical Society of Philadelphia.)

ACCORDING to Gee, in his article on Tubercle in Quain's *Dictionary of Medicine*, the history of tubercle can be divided into four stages, the first of which begins with the earliest records of medicine, and recognizes the tubercle as a little lump; and down to the present century this was the only meaning.

The second stage may be fairly said to begin with the definition of Boyle in 1803, who said that tubercle might be defined as "a homogeneous substance; always opaque; in color, white or dirty white, sometimes yellowish, sometimes grayish; in size, from a millet-seed to a chestnut."

The small translucent nodules which were sometimes found in the lungs he called granulations, and so confined the application of the definition of tubercle to the cheesy masses.

In 1819 Laennec showed that the granulations became at length opaque, and that there existed in the lungs in particular a tendency toward infiltration from extension of the tubercular growth.

In 1838 Carswell proved that "crude tubercle was often formed within the cavity of the pulmonary air-sacs."

Addison, in 1845, formulated his belief that tubercle only existed in the septa between the air-cells, and so denied to the cheesy matter in the cells the tuberculous quality.

When, at about this time, the microscope began to be used in pathological research, Addison came to the conclusion that there was "nothing characteristic of tubercle in cheesy degeneration," and in 1850 Virchow arrived at the same opinion.

"Virchow describes (according to Ziegler) a freshly formed tubercle as a small gray translucent nodule, not exceeding a millet-seed in size, mainly composed of cells, and developed from connective tissue.

"The cellular elements are essentially similar to those of lymphatic glands; they are round cells of various sizes, some of them like white blood-cells, some larger, some smaller. Their nuclei are homogeneous and bright, small and spherical, or large and oval, vesicular and transparent; they contain nucleolar corpuscles. The larger cells often contain two nuclei and frequently more, to the number of twelve or over. Between the cells are formed fibrous filaments arranged in a network, and sometimes vessels also.

"The latter are never new-formed; they existed before the tubercle was developed, and lie within the tubercle only because the tubercle has grown around them. The nodules occur either singly or in numbers; or they may be grouped in confluent masses. In the latter case the internodular tissue does not remain unchanged; it seems made up of imperfect granulation-tissue or inflammatory fibrous hyperplasia takes place."

As the nodule grows older the centre of it always becomes caseous, and is of a yellowish-white color or opaque. The microscope shows a "granular friable mass," and cellular elements in the periphery. "The aggregations of cells may stretch out in various directions through the tissue, as if the nodule threw out pseudopodia. The nodular groups undergo caseation, like the single nodule. The internodular granula-

tion-tissue also becomes cheesy, so that at length large and continuous caseous patches are formed."

"Caseation is characteristic of the later stages of the tuberculous nodule." Rarely do the nodules undergo fibrous transformation.

Ziegler briefly defines, tubercle then, as "a non-vascular cellular nodule, which does not grow beyond a certain size, and at a certain stage of its development becomes caseous."

Treves, as well as others, describes the network already spoken of as a reticulum, and states that in a typical tubercle the central part is occupied by giant cells; about these a zone of so-called epithelioid cells and beyond this a zone of simple embryonic cells or leucocytes, all these supported by a fine reticulum.

The epithelioid and giant cells have by many been regarded as characteristic of tuberculosis.

The latest views as expressed by Ziegler, in 1883, are to the effect that cells composing tubercle are "precisely equivalent to the corresponding cells of granulation-tissue," the difference being "that in tubercles the larger cells are often found in relatively larger numbers."

"A cellular nodule made up of round cells only, without a single giant cell, or a nodule whose general texture is fibrous, may perfectly well be characterized as a tubercle, if its life-history corresponds with what we have set down."

Such different characters of nodules may be found side by side in cases of typical tuberculosis.

As regards the changes occurring in tubercle, according to data furnished by Wagner, we find after a period of simple atrophy and fatty metamorphosis, *resorption* sometimes takes place, *calcification* more rarely, and oftenest *softening* or *liquefaction*.

This latter occurs most commonly in the large yellow tubercles. In consequence of these changes, together with the cheesy degeneration, there occur, according to the structure affected, the tuberculous ulcer or tuberculous abscesses. These latter give origin to the tuberculous cavities (speaking now with special reference to the lung), and are due sometimes to "tuberculosis of the small bronchi and of the surrounding pulmonary vesicles," but more frequently to "sacculated bronchiectases, the inner surface of which is generally near or at points ulcerated or tuberculous."

Concerning the origin of tubercle there is much variance of opinion.

The principal theories are: 1st. That it is developed from

connective tissue, and is a connective tissue growth. 2d. That it is of lymphoid or adenoid structure. 3d. That it arises from the vessels of the parts, a coagulum forming in the "blood capillary, the endothelium of whose wall vigorously proliferates, so that on section the coagulum is seen to form the mass of a giant cell, and the proliferated endothelium its many nuclei. If the vessel be larger, changes take place in its walls, and the various zones of the tubercle are then considered to correspond to the various tissues of the artery." 4th. Or the giant cell is regarded as a "protoplasmic mass," and is looked upon as indicating a return of the tissue to "a more embryonic state," and finally as regards the lung, the giant cells are looked upon as formed by "the fusion of the epithelial cells of the lung alveoli."

The growth of tubercles and their diffusion occurs in part from simple extension by the addition of fresh tubercles to those already present. Tuberculous matter may be deposited on mucous surfaces, and produce by direct infection tuberculous processes, especially ulceration. It may extend, through implication of the lymphatic system, or, by the breaking down of cheesy masses and their absorption, widespread tuberculosis may result.

As a rule, however, tuberculosis tends to mainly affect the organ first attacked, as is seen in pulmonary tuberculosis, though in later stages of this affection portions of the intestinal canal not unfrequently ulcerate. In the growth and extension of tubercles the tissues (regarding for the moment the lungs) become compressed, destruction of the bloodvessels occurs, and there is always created an inflammatory condition about the parts involved. Hence arise exudations of various sorts. Pleurisy appears. "New formations of vascular connective tissue," followed by thickening and formation of pseudo-membranes or serous membranes, and thickening of the interstitial connective tissue of the lungs, occur (Wagner).

Upon these changes in the tissues depend the disturbances in the respiration, the fever, etc. The exciting causes of tuberculosis appear to be direct injury to the respiratory organs through inspired particles, as in certain injurious trades, or by the influences due to defective hygiene as in crowded factories, sleeping apartments, etc.

Any influence, whether from within the body or without, that leads to catarrhal affections of the air-passages or to irritation within the alveoli, tends to induce a condition of inflammation. This inflammation may produce suppuration

with cheesy degeneration following, and so the line of descent to tuberculosis be formed. On the inoculability of tubercle, much has been recently said on both sides of the question, though there is, I believe, at this time no doubt as to the inoculable or infectious nature of the tubercle.

With this brief statement my paper must close. It is unfortunate that so large a subject has this evening been of necessity treated in so fragmentary a manner.

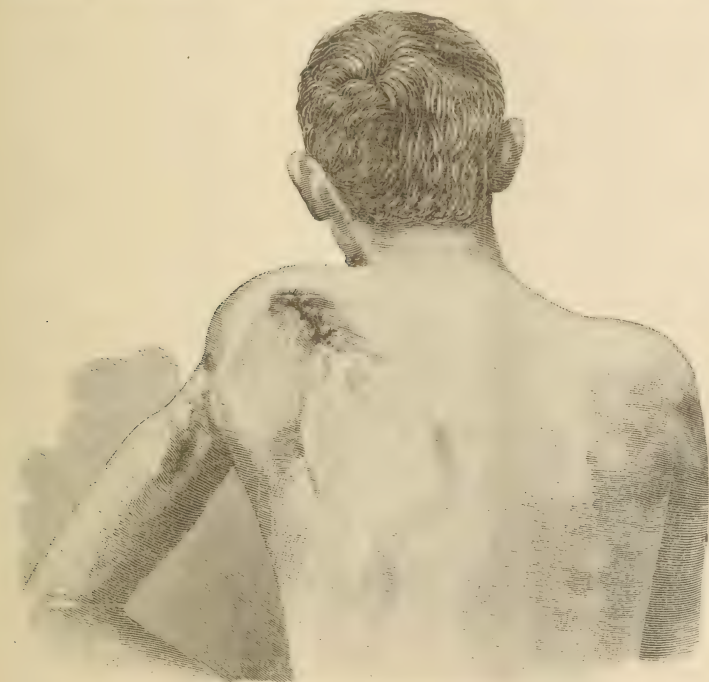
EXCISION OF THE SCAPULA—RECOVERY.

BY HARRY CROSKEY, M. D., WICHITA, KANSAS.

JAMES S——, æt. 24 years, while out fishing, carrying a loaded gun and two fishing-rods, dropped one of the rods on the gun, causing its premature discharge. The contents of the gun entered at the posterior part of the axilla and lodged near the border of the deltoid muscle. The physician who was called in immediately drew the edges of the wound together with strong sutures, sewing in burnt flesh, pieces of the coat and shirt, the gun-wad and shot. He did not even take the trouble to wash the wound before closing it. At the end of a week the parts were frightfully swollen, and it became necessary to re-open the wound, and the discharge of foul pus that followed was profuse. There being an indication for antiseptic treatment, a mixture of equal parts of carbolic acid and water (!) was applied to the wounded part. This burned away what suppuration had already failed to destroy. The annexed cut shows the destruction of the triceps. It is said that it was eaten away by the acid, as it was not injured at the time of the accident. I cannot say whether or not the scapula was injured at the time of the accident, but I think not, its death having been caused by the acid. I was called in a week or so after the injury had been received. I found a wound two and a half inches in length and one in width, following the course of the spine of the scapula. The spine was exposed in the sore. An examination with the probe showed diseased bone in every direction. Excision of the scapula was decided upon, to which the patient agreed. Sunday, May 13th, was fixed as the time for the operation. Mercurius was prescribed together with liberal quantities of beef-tea. Liquor was withdrawn. He improved daily, and by Sunday his pulse had

fallen from 140 to 95, and its force and volume had increased in a corresponding ratio.

The patient was etherized and turned on his face. Then taking a blunt-pointed bistoury, I pushed it to the acromion process, and made it cut its way out. Another incision was



then made from the centre of the spine to the inferior angle of the scapula. The soft parts were then drawn aside by means of retractors, when the entire bone, completely denuded of periosteum, came into view. The spine was then cut in two and the acromion process brought away. An examination of the shoulder-joint showed the head of the humerus to be in a healthy condition. Traction being made on the arm, and the vertebral border of the scapula raised, the attachments on the anterior surface were dissected away, when the bone was lifted out of its position. Sutures, adhesive plaster, and a Calendula wash ended the case. The progress towards recovery was rapid and uninterrupted.

ABNORMALITY OF THE PLACENTA.

BY T. PRATT, M.D., MEDIA, PA.

Two weeks ago I attended a lady in confinement, who had passed through pregestation with no untoward symptoms until two weeks prior to confinement. In passing out to the street, she slipped and fell, sliding down three or four steps to the pavement. Aside from the immediate shock there were no ill effects apparent, and at the proper time labor came on naturally and progressed favorably to the end, resulting in the birth of a female child weighing thirteen and a half pounds. Now in regard to the placenta; here the first noticeable feature was in the funis, which was over three feet in length, an inch in diameter and at one point appeared as if it had been doubled on itself in the form of the letter S, and had grown so. But the most marked peculiarity which attracted my attention was the *size* of the mass, which filled a large wash-bowl. It was also of peculiar shape, depending I found, upon a large clot, which weighed at least two pounds. It was encased in a strong membrane and occupied one half of the maternal surface. Upon the rupture of the sac and the removal of the clot, it was found to be nearly as firm in texture as liver, being separated with some difficulty. The query is how such a clot could be formed in this locality without giving any inconvenience to either mother or child. Still more strange is the question how such an accumulation of blood became enveloped in a sac designed apparently for no other purpose than for its encasement.

Miscellaneous Contributions.

THE INABILITY TO DISCRIMINATE BETWEEN RIGHT AND WRONG
DISGUISED BY AUTOMATISM.

BY T. L. WRIGHT, M.D.

(From the New York Medical Record.)

A RECENT experience with respect to a trial for murder in one of our large cities, has impressed upon my attention the importance of a clear understanding of the full significance of the questions so often propounded by lawyers when applied to criminals: "Could the prisoner, in your opinion, discriminate between right and wrong? Did he know, when he committed the act, that he was doing wrong?" The importance of a per-

fect familiarity with all the terms in these questions, as applied to ascertained facts in criminal cases, is the more apparent when it is remembered that they contain what the courts in England and America insist shall be considered as the real and only test of legal responsibility,—the power of discriminating between right and wrong.

In order to prepare the *expert* for the questions indicated, it is usual to furnish him with hypothetical cases wherein one side will claim a certain regular chain of sequences in the conduct of the accused, all pointing directly to the crime. The answer to the question in such an hypothesis, most likely, is that the prisoner probably did know how to distinguish right from wrong. The other side, with equal ingenuity, will furnish an hypothetical case wherein there are supposed to appear certain breaks, and unreasonable intervals, and inconsistencies, in the same chain of sequences. The same witness will decide that, in such contingencies, the prisoner did *not* know how to discriminate between right and wrong—leaving the case at last just where it was when the expert was called in to testify.

I hope to indicate that a certain regular series of sequences in approaching a criminal act, and made, too, in the interest of such act of criminality, is not of itself and *necessarily* proof positive that the criminal has sufficient mind to discriminate between right and wrong. Nay, I will endeavor to show that an unusually pertinacious and cunning approach to an act of criminality may even point to the presence of brain disease, which, in the form of some delusion, dominating motive and will, proves by its unyielding obstinacy, the absence of reason, and the inefficiency of evidence, and may thus presuppose a mental defect which is incapable of discriminating between right and wrong.

I hope to make it appear that the knowledge of right, abstractly or automatically, and in cold reason only—and the knowledge of wrong abstractly and by mere habit or rote—may be present, and yet the power of discriminating between the two, the power of using the reason and sensibilities in a comparison or analysis of the elements of right as relates to the elements of wrong, may be wholly absent, wholly destroyed. So that it is possible to have an abstract idea of right without feeling it, and an abstract idea of wrong without feeling it; and there may exist an utter incapacity to enter into the mental process of discriminating between the two so as to apply the results of such a discrimination to determining the character of conduct.

In illustrating these propositions, which I prefer thus to foreshadow rather than gradually approximate unto, I will consider some of the effects of alcohol upon the nervous system. I will, in the first place, and in some detail, speak of alcohol as a destroying element—wrecking, in many instances, the integrity of the nerve-centres, and of the nerve-tissues otherwise. I will then proceed to consider briefly, a more common effect of alcohol, namely its power of inhibiting nervous function; where the actual mental phenomena—those of paralysis of *function*—must appear very similar to the mental phenomena associated with deterioration and wreckage of nerve *structure*.

Dr. Stearns, of Connecticut, says truly, that many of the insane are rendered so through grief, business disasters, and other analogous causes. Yet of the whole number of persons suffering from grief and financial reverses, very few become insane. There must pre-exist some neurotic proclivity to the final mischief. So in chronic alcoholism, there must also be a similar predisposition to insure the full effect of alcohol upon the tissues of the brain.

It is now the generally received opinion that about *seventy-five* per cent. of the cases of paralytic dementia have a history of alcoholism. Dr. Crothers claims that the percentage is as high as *eighty-nine*. Therefore, to fully appreciate the power of alcohol in wrecking the brain, and thus depraving its functions, it is only necessary to observe closely the morbid appearances and changes which are most commonly observed in those who die of paralytic dementia.

“The nature of the most obvious initial change in the brains of the paralytic insane, is a hyperplasia of the connective tissue.” Certain minute changes observed in the cerebral substance of one who had suffered from this form of disease, were owing, according to Dr. Maudsley, to an increase of connective tissue.

In regard to the particular kind of connective structure which is formed through the influence of alcohol, it will be proper to make one or two remarks. Alcohol is recognized as an element more prone than any other to excite the proliferation of the fibrous tissue, not only in the brain but throughout the entire system. Few structures, Dr. Bartholow remarks (*Practice of Medicine*, p. 844), “escape the trophic influence of alcohol when it is habitually introduced within the body.” The kidneys, the stomach, and the liver, all exhibit

an hypertrophy of the connective tissue; "and the neuroglia of the brain also undergoes hyperplasia."

The peculiar nature of the fibroid adventitious structure produced under the influence of alcohol is strikingly exhibited in its subsequent changes. In the kidneys, for example, the alcoholic influence induces interstitial hypertrophy; but finally the hypertrophied tissue *contracts*, just as ordinary scars following burns or wounds contract. This contraction of the hypertrophied tissue produces interstitial nephritis. In the liver this contraction of fibrous tissue, confining and squeezing the true gland structure among its meshes, produces hepatic sclerosis or hob-nail liver. In the brain a similar contraction produces a variety of disturbances in the condition of the capillary circulation and the nerve-fibres and nerve-cells. "As a consequence of the exuberant increase of the hypertrophied tissue, the nerve-element, as well as the delicate capillaries, are injured or destroyed," says Maudsley.

Of course, such a serious interference with the normal condition of the true nerve-cells implies a corresponding decay and deflection of mental function. It is easy to conceive of the impossibility of mental activity in healthy relationship with natural surroundings when the structure upon which such activity relies for projection, when the nerve-cells are obstructed in function by the mechanical encroachment of an aggressive foreign substance.

But the injury done to the nerve-cells does not depend exclusively upon the pressure occasioned by hypertrophy of neighboring structure. The final *contraction* of the intrusive connective-tissue, by a process of strangulation of the smaller bloodvessels, induces a failure in the proper nutrition of the nerve-element. From this defect in nutrition there often ensue various forms of cell-degeneration. Nerve-cells, for example, may undergo fatty degeneration. Becoming unfitted for physiological action, they may be absorbed, and in their place "fine elastic fibres contract, get closer and closer together, and remain as the constituent tissue of a cicatrix, which sometimes causes considerable deformity. Whole sections of nerve-substance have been replaced by a relatively small quantity of an unyielding, compact, dry tissue."

The same authority says, in another place: "As the process of hyperplasia goes on, the circulation is shut off, and the brain becomes anæmic. Pigmentary degeneration of the ganglionic cells of the brain is observed in the various forms of paralytic dementia, as also are calcareous degeneration of the same class

of cells. . . . In connection with the hypertrophied tissue, are amyloid and colloid corpuscles, calcareous and fatty granules, all being products of retrograde metamorphosis" (Maudsley : *Pathology of Mind*, pp. 511, 512).

In the same direction, Professor Loggia, of Palermo, Italy, says : " When we bring to our aid the microscope, we begin to see and to understand the intimate fibro-cellular and interstitial alterations. It is by this means we succeed in determining the vascular and perivascular lesions of the cerebral substance, the colloid and cistoid degenerations, as well as the lesions of the nerve-element—cells, tubes and neuroglia—which have, according to the most accurate investigations, undergone great transformations in this disease."*

But there is still to be considered another important nerve-complication which is also brought about by the toxic power of alcohol—a complication having a very intimate relationship with the moral nature of man, and, of course, with the solution of the problems of this essay in particular.

Besides the cells and centres ministering to sensation, ideation and motion, and besides the various avenues to and from these centres, there exists in the brain a large and important class of nerve-fibres known as *fibres of association*. To save time and space, I will here adopt the language of some authorities as found in their works on the subject.

Dr. Spitzka speaks as follows : " Many years ago attention was called to the presumptive physiological rôle of certain arched fibres which are known to unite adjoining as well as distant cortical areas with each other. . . . I should, if asked to point to the chief factor on which the higher powers of the human brain depend, lay less stress upon the cortical development as such, than on the immense preponderance of the white substance due to the massive associating tracts. Both projecting and associating fibre-masses increase in nearly a geometrical progression as we pass from the lower animals to man ; but the ratio of progression of the associating fibre-masses exceeds that of the projecting tracts. There are certain convolutions which are almost exclusively connected with *fibræ arcuæ*—that is, with associating tracts—and which enjoy but little direct connection with the bodily periphera. Such cortical areas, and their subsidiary associating tracts, bound into the higher unity of the entire hemisphere, constitute the substratum of the metaphysician's ego. A disturbance of the

* Alienist and Neurologist, July, 1882, p. 34.

intricate relations which are involved in the material basis of the *ego* must be accompanied by a disturbance of the *ego*, or may even render an *ego* an impossibility."

On this subject Dr. Maudsley remarks: "The habitual co-ordination of thoughts and feelings is the basis of consciousness and personal identity. When coördination of function in the brain is overthrown, the consciousness of personal identity and responsibility are also destroyed."

Pertinent to the same subject, and also showing a further step in advance in the discussion of our main topic, are the words of Seppilli:* "We must remember that cerebral activity is manifested under two distinct aspects—that of the *conscient* and of the *inconscient*. The conscient activity, or *consciousness*, is constituted of knowledge possessed by the *ego* of its own acts—that which happens within itself, which happens in its relations with the external world. On the contrary, in the inconscient activity of the brain, denominated also automatism, all those actions enter in which the *ego* takes no part nor is aware of any; but these are combined and directed so as to *resemble* those which the *ego* perceives, wills, and directs."†

It is therefore evident that the perfectly harmonious activity, or *consent*, of all the healthy nervous attributes and capacities is the one essential requisite to the display of sound mental function; and as such attributes and capacities are so held in activity through the integrity of the nerves of association, any disturbance or obstruction in the exercise of the functions of those nerves must give rise to serious defects in mental operation. When the interchange of nerve-influence between the various centres concerned in thought is free and unembarrassed, there is present in the mind a vivid sense of personal importance and individuality. The feelings of rights, duties, cares, and responsibilities are active, and they control all the serious avocations of life. This ever-present sense of *responsibility*, while it exacts duties, also confers power and dignity to character, and implies the freedom of the will. The sense of responsibility demands untrammelled freedom of conduct, assumes the weight of accountability, and challenges retribution. There is in the mind an acute sense of its ability to discriminate between right and wrong.

* Ibid., April, 1882, p. 169. Translated by Workman.

† "The brain must always remain the essential organ of the manifestations of the *ego* and the *me*—the moderator and the supreme arbiter of the acts of life."—*Loggia*.

But in chronic alcoholism the free interchange and equilibrium of nervous association does not obtain. It is overcome by the intrusion of hypertrophied interstitial tissue upon the nerves of Meynert. And especially are these nerves of association injured, both in office and structure, by the final contraction of the connective tissue, which, by strangulation, annihilates their function.

Very important considerations of medico-legal interest are interwoven with the tendency of alcohol to impair brain tissue. It is easy to conceive of the unstable will, the impaired will, the imbecile will, when the *consciousness of personality* is weakened, and the feeling of responsibility is lost in consequence of injury to the fibres of association. It is also easy to conceive that the power of discriminating between the qualities of right and wrong must be weakened when consciousness is defective. Unless the feeling of personal identity is clear and on the alert, it is impossible to apply personality with distinctness to conduct; impossible to perceive the relations of personality—the relations of the *ego*—to either things or acts; impossible to bring *self* into normal relationship with exact ideas of right and wrong.

It is conceded by all whose authority is of any weight, that one of the earliest symptoms pointing to the progressive paralysis of the insane is a marked change in the disposition. There is a change in the moral nature; not a change indicative of true vice, and exhibiting a reckless disregard of the principles of morality, but a change indicative of an inability to comprehend those principles, and founded, indeed, upon physical damage to the nerves and centres of association—those nerves and centres upon which the sense of morality is based and through which the moral nature must find utterance.

There was a person within my knowledge who had been a steady drinker. He was honest and was a hard laborer. He suddenly began a course of stealing. It was not like ordinary theft. He would deliberately take and carry away with him things notoriously the property of near relatives and neighbors. He made no attempt at explanation. He claimed the articles to be his own, simply because they pleased his fancy. An infant whose associative organs have not been exercised, displays the same ignorance of personality as relates to the personality of others. It cries for, and claims as its own, any shining toy which happens to engage its attention.

The person alluded to finally died in an insane asylum, demented. He could, without doubt, tell very well what was

the abstract idea of right as well as of wrong. They were ideas which had become *habitual* or *automatic* with him by life-long use. But practically his nervous organs, functioning the moral nature, having been injured, he could not make an active discrimination between right and wrong. All *feeling* or *sense* of right and wrong was destroyed through the ravages of alcohol. He was incapacitated, by trophic changes in brain-tissue, from bringing the *conscious ego* into relationship with the moral principles of right and wrong, and this is the difference between the automatic or abstract knowledge of right and wrong, which is to some extent always present, and the *conscious and responsible capacity to discriminate* between the two principles. In the infant the fibres of association had never yet been brought into play. In the paralytic dement, they had suffered destruction.

But in the insane criminal, the fact often stares the inquirer in the face that the conduct of the accused is consistent throughout with the theory of depravity; that all the steps in the crime were those evincing rational design. This is, indeed, a serious point of consideration. For it not infrequently happens that atrocious criminals, exhibiting the attributes of fine reason and wicked pertinacity, soon after show such indications of insanity as to leave no doubt of their entire irresponsibility.

Certain considerations carefully noted may throw some light upon these undoubted facts.

Habits of thought are acquired slowly and painfully. It is not necessary to advert at length to the difference between man and the lower animals. The former acquires by long and laborious experiment a habit of mental activity fitted for his exalted sphere; while the latter are born with instincts sufficient for their lot in life. The tedious repetition of sensations, perceptions, conceptions, and the motor activities becomes at last a habit which it is impossible to dispense with. Mental, and even motor life, becomes, in time, mere repetitions of certain long-enacted powers which are applied to the usual phenomena of living.

The power of walking erect is acquired with much consideration, balancing of the body, and mental calculation. But at length the acts of walking, running, and jumping become, by use, strictly automatic, requiring no nice calculation, no exercise of the judgment or will in their performance. The undoubted insane walk and run well. Yet no one would

claim that because an insane man can perform the act of walking well, an act in its abstract nature requiring judgment and nice calculation, he is, therefore, not insane, but is in possession of fine powers of judgment and discrimination. There is, therefore, such a thing as automatism, which may mislead the convictions as to the actual present mental capacity of a person of questioned sanity.

There are many other courses of nervous action of a more strictly mental or moral nature which may become automatic, as well as merely motor capacity. The mature mind, like a bird of prey seeking its food, often comes to intellectual conclusions with wonderful directness and speed, and that, too, from the most remote and unexpected quarters. It is said that when the quarry falls in some deep glen, amid tremendous cliffs and mountain peaks, instantly the eagles flock from remote and hidden places and gather there. This has been ascribed to a mysterious form of impenetrable instinct. The fact is, that birds of prey are of grand vision, and they are always upon the watch. The moment that a victim sinks, the watchful sentinel nearest by starts into life, and with rapid wing rises into the air; this movement is at once seen by others farther away, and they too fly aloft and follow the course of the first. And thus in a few moments, the intelligence goes far and wide—like that from the smoke and torch upon the hills of the Norsemen when an enemy appears.

So the human mind acts. What was once slow and anxious training, what was once pursued in regular steps and over difficulties, becomes, by practice, instinctive and automatic. The alphabetical order of reasoning no longer obtains. Small things are taken for granted. An immense number of positions are habitually assumed; and in ordinary life the mental processes, like eagle-flights, are grand movements from point to point, from headland to headland of thought, not lingering to go through the tedious routine of detailed mental activity.

And thus men not only sane, but men insane, live, and think, and reason, automatically, in common circumstances. It is when some morbid delusion or hallucination intrudes, that very considerable exceptions are observed. When we reflect that in the ordinary life of the insane the delusion is not always uppermost in the mind, we must perceive that, in so far as every-day business is concerned, there will usually appear the automatic phenomena and conduct of men in gen-

eral. When the delusion of insanity takes precedence, there must of necessity be an absence of even automatic regularity in mental activity. So long, however, as the delusion does not intrude, it may be impossible to determine from the conduct of even an insane person, that he cannot discriminate between right and wrong; for automatism calls for no active or real process of discrimination. The mind is acting in the groove of habit.

All rational thought, even automatic, is primarily founded upon evidence and reason; and while it may, therefore, be modified and changed by reason or evidence, a *delusion* founded upon disease cannot be modified or changed except through changes in the disease itself. Of course, changes in a morbid process in the brain, are beyond the competency of reason, or evidence, or will.

The truly alcoholic mind, therefore, is powerless to discriminate between the properties of right and wrong, because it finds itself to be the victim of unusual and untried circumstances, which it can neither define nor correct by the appliances of evidence and reason. It is needless to point out the fact that where evidence and reason cannot come, *discrimination* is impossible.

Many truly insane criminals are judged sane and responsible because their automatic and common life resembles the similar life of rational minds; while the ignorant cheat and pretender is acquitted because he shams under all circumstances and upon all subjects.

Having considered alcohol as an agent destructive of the integrity of the nerve-tissue, and having noted somewhat in detail, the effects of such nerve-disintegration upon the mental and moral faculties, we are in a position to determine, with considerable distinctness, what would be the effects of a toxic agent which—by inhibition of nervous function, as by anaesthesia—would render such nerve-function inoperative or defective. For it must be admitted that the suspension of nerve-function from a toxic agency will present the same phenomena as where a similar suspension or destruction originates in any other cause—as, for instance, degeneration of nerve-cells and disruption of nerve-fibres.

Now, it is well known that alcohol is an agent which produces anaesthesia in some degree in every instance where it is taken into the system. We have heretofore been discussing alcohol as it affects certain constitutions predisposed to its de-

structive action upon brain-tissue. Such trophic effects are not the rule. They are comparatively infrequent. But we now come to view a common or universal impression by alcohol upon the brain and nervous system of man; and we infer, from its disastrous effects upon the few who suffer from it in structure, its equally calamitous effects upon those who suffer from it in function.

We will not be specific upon the various properties of alcohol as a disorganizer of the sensibilities. But the fact may be stated that alcohol always depraves or destroys sensation. This may become apparent in the production of true anæsthesia or insensibility to ordinary sensation. Alcohol may also, by its toxic qualities, induce morbid, unnatural, and misleading sensations, and it may cause sensations to become localized in certain parts of the organism, and absent in other parts.

The same confusion in the relations of sensation to perception which exists when the sensibilities are destroyed by deterioration of nerve-structure, exists also when the sensibilities are functionally impaired or destroyed. In either contingency, there can be no accurate or reliable perceptions induced. Of course there can be no association of clear and normal ideation, and no certain knowledge or consciousness respecting the actual being and relations of *the self—the ego*. In addition, if the obtunding of the sensibilities continues for a long time through habitual drunkenness, the abnormal state of the sensitive powers becomes constitutional and hereditary, upon the principle of the *structuralization of function*, with its opposite when circumstances are favorable.

But it is time to stop—to turn our eyes from the still opening vistas of our subject. It is enough to add that the anæsthetic state partakes largely of the nature of the magnetic condition, wherein personality is divorced from normal consciousness, and wherein man *non est animi compos*.

A CANULATED NEEDLE.

THE annoyance caused by the wire suture catching in the tissues, on account of the doubling and twisting necessary to retain it in the eye of the ordinary needle, is often very great, and the excessive oozing caused by the procedure is most injurious.

In order to overcome this difficulty, Dr. George McClellan had a little instrument constructed for him by Mr. Snowden, of Philadelphia, which he has been constantly employing for several months in all operations requiring wire sutures.

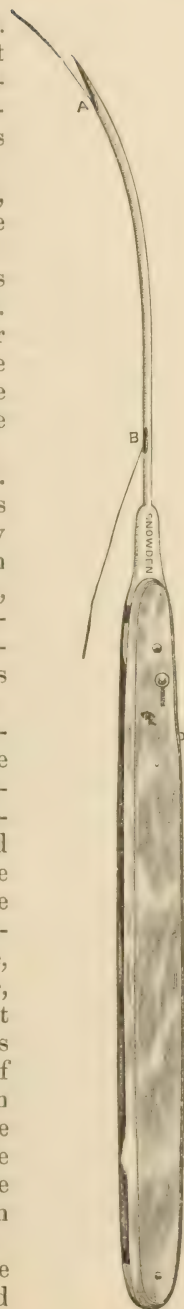
It consists of a long slender canulated needle, having a slit at the point, and another at the shoulder, where it joins the handle.

A and B indicate the two slits or openings in the needle, through which the wire is passed. In introducing it, the wire is of course either retracted or withdrawn; but, as soon as the point A issues at the desired place, the wire can be pushed forward, seized, and the needle withdrawn.

Although the idea was entirely new to Dr. McClellan, he has since learned that it was suggested and used by several surgeons many years ago. Dr. W. L. Atlee used a needle on this principle in his operations for ovariectomy, and Dr. Paul B. Goddard had needles of various sizes and forms for the purpose of passing wire sutures; but neither of these surgeons appears to have encouraged their general use.

The ordinary forms, including the "screw-hole," and the "gutter-eyed," as well as the more recent suggestion of Dr. Morgan, of Baltimore, require considerable time in their manipulation, and in many instances must be grasped by a holder. In all the wire is apt to become caught in the tissues, or dislodged from the eye or stylet, unless great care be taken to prevent it. The advantages of a canulated needle, such as is shown in the accompanying figure, are apparent at a glance. The simple direct puncture occasions very little oozing; and, as the handle offers firm support in the hand of the operator, great accuracy in the introduction of the sutures and complete exactness in the apposition of the parts are attained, the needle being made to transfix both margins of the wound at the same time, and the wire, when passed through, taking its place.

The tearing of the knotted wire about the eye of a needle often causes a laceration instead



of a puncture; and in some regions, as in the perinæum or vagina, this minute rent is very apt to tear further when the sutures are tightened. The wire should always be carefully straightened by running it over the edge of the thumb-nail, to avoid any kinks which might interfere with its passage through the canulated needle. With this precaution, it may then be introduced with much greater rapidity and precision than in any other way.

Dr. McClellan has also found that this little instrument is very useful in taking the place of a tenaculum or artery-forceps, either of which often loosens or tears away the ligature when it is being removed. He simply passes the needle through a bleeding point, then forwards the wire and withdraws the needle, leaving the wire so that it can be doubled into a loop, traction upon which will enable an assistant to throw a ligature completely round the vessel or bleeding point, as readily as a tenaculum; with this advantage, that as soon as the vessel is secured the wire may be cut, thereby avoiding the danger of displacing the ligature. This form of needle may also be used for the purpose of exploring. Upon introducing the point into a part where blood, serum, or pus is suspected to have accumulated, the fluid, if any exist, will pass through the needle and appear at the slit near the shoulder.

Objection may be raised on the score of the possibility of its conveying septic matter, but the same fault may be found with the hypodermic syringe, and it can readily be remedied by always retaining a piece of wire within the canulated needle when out of use, and never forgetting to dip it in carbolized oil, both before and after it has been employed. The needle can readily be made straight or curved, as may be desired, but the form shown in the accompanying figure, which is designed for the pocket-case, will, the inventor thinks, answer most purposes.—(*London Medical Record.*)

PARALYSIS OF THE ŒSOPHAGUS. (PARALYSIE DE L'ŒSOPHAGE.)

BY DR. MACCARIO.

(Revue Médicale Française et étrangère, No. 41, 1882. Translated from the Monatschrift für Ohrenheilkunde, etc., Dec., 1882.)

BY HORACE F. IVINS, M.D., PHILADELPHIA.

A LADY, 23 years old, very nervous, felt, in the beginning of her first pregnancy, a growing difficulty in swallowing, which had so increased after the expiration of five months that the patient could only swallow fluid nourishment. Ex-

amination of the mouth, pharynx and œsophagus gave a negative result. Large quantities of fluid were swallowed with less difficulty than small ones; in order to force the latter into the stomach several successive attempts to swallow were necessary.

Two acupuncture needles were employed, one of which was thrust through the œsophagus down to the vertebra, on the left side of the neck; the other was stuck perpendicularly into the epigastrium, in the region of the stomach. The electric current was then passed between them. Each sitting lasted from two to three minutes, during which time violent efforts at deglutition were made, and the upper needle was noticed to make slight up-and-down movements. An improvement was soon noticeable, so that the patient could again eat and enjoy broth and tapioca, together with a small amount of roast meat. Unfortunately the patient discontinued treatment too early.

IN DEFENCE OF THE INTERNATIONAL.

STAMFORD, CONN., July 14th, 1883.

EDITORS HAHNEMANNIAN: In your issue for July I am pained to see an unkind and unjust drive at that "outside body," the International Hahnemannian Association.

As an old member of the American Institute, with many fond remembrances of its social as well as its practical relations, and as one of the organizers of the I. H. A., and also as the president-elect for the ensuing year, it seems appropriate for me to answer the same, in all kindness, and without the feelings such articles are apt to inspire.

For many years past the Institute has, by a mistake, I think, admitted to membership physicians who, while they sail under the banner of homœopathy, and capitalize their stock in trade under it, yet, at the same time, they ignore the distinguishing characteristics of homœopathy, viz.: The law of similars, the potentized drug, and the single remedy, denouncing Hahnemann and his teachings as chimerical. This has worked mischief in our ranks, until it has culminated in an effort to stifle by resolution the use of the higher potencies, and to ignore the term homœopathic as a distinguishing feature of the Institute. Further than this, any attempt at reporting cures by these attenuated drugs for the benefit of those who might be interested, has often elicited unkind rejoinders.

In view of these facts, and to perpetuate the memory of Hahnemann, and the principles taught by him in their simple purity, we deemed it advisable to organize a separate body, where we could harmoniously report our cases, discuss the best means of sustaining our faith in homœopathy, and promulgate its truths as seen from our standpoint without offence to any one.

As a body politic, there has been no intent in thought, word, or act to injure the Institute. We are all of us members of the Institute, many of us belong to that body known and distinguished as seniors of the Institute, and our relations have been heretofore, and are still, I hope, congenial; and though at times pained by some of its misguided members, we remember the days of its purity, when as a body not a soul among us was ashamed of our name or of our calling as physicians.

We expect in future to be at the meetings of the Institute, ever ready to put in an oar where we can see an opportunity to pull our craft over these shoals into deeper water.

Unfortunately, like other bureaus, we may have held our meetings during the hours that the Institute was in session. It was found to be a mistake in regard to the bureau, and we have corrected the mistake in our Association, and will meet three days in advance of the Institute the coming year, get our work done up and be ready with the right hand of fellowship to advance the true interests of the Institute by our presence and work.

That oft-repeated story about one of the members of the I. H. A. expressing himself as desirous of effecting a schism in the Institute, I think is a mistake, as I find no one ready to father the story.

If to oppose the absurdities manifested by some in the Institute to turn the whole thing over to allopathy, is a schism, why you can write us down as the head and front of all such schisms, as we are opposed to all such nonsense, and will accept the appellation if you can find no better name for it. If in the heat of debate, and unjust reproach, some members of the I. H. A. have used strong language about some of the proceedings of the Institute, the same has been used by members of the Institute when speaking of the I. H. A., and the Association is not responsible for all that is said by its members.

Now, gentlemen, let us have peace. It will be wise to bury

this hatchet, and all work for the cause and the good of humanity. We are brothers.

With assurances of esteem, I am, as ever,

Yours, etc.,

GEO. F. FOOTE.

NOTE.—We think it right to publish Dr. Foote's dignified and earnest letter, though we fear he has not quite understood our position. The I. H. A. is *not* a bureau of the Institute, preparing its annual report on a special subject, and then laying it at the Institute's feet for the benefit of all its members. It is just what we called it, "an outside organization of physicians," not tributary or subordinate to the Institute at all. So that it might almost be said that its sessions were, so to speak, in rivalry with the Institute sessions, though nobody may have intended or wished to make them such. Now, was it unreasonable or unkind for the Institute to wish protection against such rivalry? We do not think so, and we do not see how Dr. Foote can think so. It is said that a body of gentlemen have a perfect right to hold meetings in other rooms of the hotel if they wish to do so. That depends entirely upon whether the hotel proprietors have previously bargained that such meetings shall not be held. But as the I. H. A. has decided that hereafter its meetings will be held previous to those of the Institute, there is no occasion for further controversy on this matter.

The reasons laid down by Dr. Foote for organizing the I. H. A. may be perfectly satisfactory to the members of that organization; and if so, that is enough; it is nobody else's business. We are sorry, however, to see him misled, as he evidently is, respecting the make-up of his association. From his letter, he seems to think no one amongst its members has much thought about having the International members withdraw from the Institute, and so effecting a schism. We, therefore, take the liberty of directing attention to certain facts, some of which are already known to most members of the Institute. First, we recall the circumstance that the gentleman who claims to have originated the idea of a separate organization, expressly stated in print over his signature, his hope and expectation of inducing a division in the homœopathic ranks. Second, the physician about whom we wrote in our July editorial did *not* "express *himself* as desirous of effecting a schism," but declared that *other members* of the "outside body" were ready to withdraw, and probably would do so if unfriendly

action should be taken by the Institute. Thirdly, the President of the I. H. A. himself, in his Annual Address (see page 9 of said address), alludes to the fact that a year ago he had declared that "if the destructive policy, as mapped out by some of the leaders of the American Institute, was henceforth to be its governing principle," he "could see no good reason why we (they) should not sever our (their) connection with it." The President further said that it was held by some that his "re-election, after expressing these sentiments, amounted to an indorsement of them by the association." He then boldly followed up his remarks by saying that "after a year's reflection your President is not disposed to retract anything he may have said in relation to this subject."

Our friend, Dr. Foote, looking at these facts, does not need to go in search of some one to "father the story" about schism. And now, let him and all other homœopathic physicians learn to love *similia* better than their own opinions about "high potencies," and "low potencies," and "dynamization," and "psoric theories," and then, there being none left to set up minor issues against the central supremacy of the homœopathic LAW OF CURE, we *shall* "have peace."

EDS. H. M.

MAY THE PROFESSION DEFY PUBLIC SENTIMENT.—No one among the public can gainsay the firmness and independence of the profession as a whole, in the matter of observance of the standard of ethics, which it set up some forty years ago. No one, moreover, but will admire its faithfulness to that standard. Is it not time, however, to inquire whether the almost universal condemnation and ridicule, which the public is showering on that standard, does not suggest a necessity for its revision, with a view to conforming it to the spirit of the age, with which spirit the expressions of public opinion show it to be in conflict? And does not the persistence of the American Medical Association, in refusing to recognize the public sentiment in this matter, suggest a suspicion that its firmness and independence have degenerated into obstinacy?—*The Medical Age*.

1883.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors, .

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

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No. 9.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE PENNSYLVANIA STATE SOCIETY.—The Nineteenth Annual Session of this society will occur on Tuesday, Wednesday, and Thursday, September 18th, 19th, and 20th. From present indications it will probably be more largely attended than any previous session. Considering the quality of some of the meetings already held, it isn't safe to predict that the coming session will be the best, though we feel sure it will not fall far behind any of its predecessors. The preparations are more than usually elaborate, and will include a Park drive and a banquet, which will be tendered by the Philadelphia County Society to those members, and their ladies, who reside outside the county limits.

The sessions will be held in a large, airy, well-lighted, and quiet room in the Aldine Hotel, Chestnut Street, west of Nineteenth. Here will be the "Headquarters," and here excellent rooms and board will be furnished members and their friends at \$3 per day. There are no *inside* rooms in the hotel. Mr. Mitchell, the courteous and energetic proprietor, aided by our not less genial friend, Dr. Jos. C. Guernsey, who

lives opposite the hotel, will so dispose his guests that all may have convenient access to private bath-rooms, with which the place is unusually well provided. A special dining-room will be set apart for the use of the society.

The society will be called to order at 10 o'clock A.M., sharp. The president's address will be brief, requiring not more than twenty minutes at most; and other preliminary business will be dispatched as rapidly as possible, so that it is hoped that at least one of the scientific bureau reports may be received and fully discussed at the first morning session. The succeeding sessions will be given almost entirely to solid practical work in medicine, surgery, and the special departments, except that the final session (on Thursday morning) will be partly occupied with the annual election of officers and with the closing business of the session.

The society is very desirous to enlist the moral and material support and co-operation of every reputable homœopathic physician in the State. We believe that nobody charges the existence of any rings or cliques in the society. Last year, nearly every member present read a paper, and, if we remember correctly, every one participated in the discussions. It is hoped that equal freedom may prevail at the next session.

To join the society costs \$5; this includes the first year's dues. Blank applications for membership may be obtained from the secretary, R. E. Caruthers, M.D., 107 Arch Street, Allegheny City, or of Isaac G. Smedley, M.D., No. 34 North Nineteenth Street, Philadelphia.

THE NEW DEPARTURE AT THE PHILADELPHIA COLLEGE.—In our news columns this month will be found an announcement of the purchase of an eligible piece of ground on North Broad Street, Philadelphia, on which the trustees of Hahnemann College will erect new buildings for the uses of the college, the dispensary and clinics, and the college hospital. The necessity for a new college building has been long and seriously felt, and the project, which has now assumed definite form, has been talked about by the faculty and other friends of the school for several years. Unfortunately some of the trustees conceived an insurmountable difficulty in the way of securing a new building, owing chiefly to the peculiar relation which the college sustained to the present hospital property. After months, and indeed years of discussion—of discussion not only unfruitful of good results, but which, at times, threatened to impair the harmony of the organization, it was mutually agreed, that the faculty, who had stood as a

unit on all questions belonging to the subject, should revise the College statutes and introduce such changes therein as they believed the efficiency and success of the school demanded, and that a new board of trustees, to be named by the faculty, should be elected in place of the old corporation board, who were to resign. In making up the new board, however, several of the old members were induced to consent to a re-election, and to these were added a number of the most eminent and successful business men of Philadelphia. The course of the new board has already proved the wisdom of the selection, all of the members being earnestly and enthusiastically devoted to the interests and welfare of the institutions under their management.

It was thought eminently desirable that the new buildings should be located centrally, rather than on the outskirts of the built-up portions of the city. This policy was determined upon in order that accident and other emergency cases might more easily reach the hospital and clinics, and that the dispensary also, which furnishes vast numbers of important cases to the college clinics, should be accessible to the mass of people likely to avail themselves of its facilities. With these objects in view, it is doubtful if in the whole city there could be found a better location than the one chosen by the trustees.

What the future policy of the faculty will be as respects the educational management of the institution, cannot as yet be definitely stated. To effectually prevent medical students of homœopathic proclivities from passing by our college doors and matriculating in allopathic schools, is, of course, one of the first objects to be attained. Further than this we doubt if the members of the Philadelphia faculty are so anxious to graduate *large* classes, as they are to establish such an institution as the brightest and best minds of our profession conceive that a medical school ought to be. There are, to be sure, many difficulties and discouragements to be overcome, but we think they are less formidable in the homœopathic than in the allopathic school. The unenviable result of Bellevue's experiment, reflecting, as it does, more upon the profession than upon the college faculty, has been calculated to force upon every physician the question as to how far his professed desire to elevate the standard of medical education is likely to affect his own individual relations as a preceptor. And we are all coming to the knowledge (that we ought to have reached long ago) that the standard of medical college education is practi-

cally determined more by the acts, not the talk, of physicians than by rules and resolutions of college faculties. Yet it cannot be doubted that the efforts of our colleges in behalf of a higher education, are also exerting a marked effect upon the opinions and conduct of preceptors, and especially upon those physicians who have received their education under the newer and improved order and methods of college work.

Notwithstanding the disadvantages under which the Philadelphia school has labored, by reason of her contracted quarters, she has yet been able to do her part in the work of improvement in medical instruction, and the record which her alumni are making for themselves is reflecting the highest credit upon the mother school. With the greatly improved facilities she is now to enjoy, with every necessity for thorough and comprehensive work fully supplied, with her harmonious and experienced corps of teachers, with her advantages of age, of position, of means for illustration and demonstration, with her hospital facilities, with her numerous alumni, and with the unshaken confidence of the profession in the skill and integrity of her management, she will take upon herself responsibilities such as few if any homœopathic, and no allopathic, colleges have ever borne; and, judging from what we know of her officers, she will sustain them well and wisely. On the other hand, it must be remembered that the school is not endowed, that she is about to assume the hazard of an enormous annual expense for rent and for general maintenance, and that all this expense must be paid either out of college fees or else out of the private purses of the members of her faculty. These facts involve her alumni and other friends, and the advocates and champions of "a higher standard" in a responsibility of their own; one which they cannot sustain by recommending their students to the "cheapest and quickest" college, as though they were selecting a railway train. The duty of "elevating the standard" rests upon colleges and private preceptors alike, and neither of these can accomplish the work without the support and co-operation of the other. And what is true of one college is true of all.

WHOLESALE REJECTION OF STUDENTS.—The New England *Medical Monthly* of July 15th, speaking in laudatory terms of a certain medical college, says: "This year, twenty-five per cent. of the gentlemen who came up for graduation were rejected, which we believe is a better record than any

similar college can show in this country. One thing is apparent from this record, that the faculty of this college do not intend to graduate students unless they are qualified."

The vast majority of medical men hold such erroneous notions respecting the rejection of students that we feel like speaking some very plain words on the subject, and the quotation given above will furnish us an excellent text.

The "failure" of these twenty-five-in-a-hundred young men to pass the required examination must have been due to a cause. If it was due to indifference or indolence on their part, it was but a natural and legitimate result. Unfortunately, however, this is not always the cause of a student's failure. It may be, and often is, due to his natural incapacity for medical study. This incapacity is not always, nor even generally, known to the student himself, though it may be sufficiently apparent to his friends, and it is the duty of the faculty to ascertain the fact before taking the young man's money in consideration of a service which they cannot render him. Every rejection resulting from a student's natural incapacity, or from his inadequate preliminary education, is more discreditable to his teachers than to himself, and it ought to be so regarded. It constitutes a grave reflection upon the faculty's honesty.

But it may happen that a student's failure is due neither to a defective intellect, nor an inadequate preliminary education, nor yet to his own indifference or laziness. It may result solely from the incompetence of his teacher. There's many a learned and distinguished medical practitioner utterly unqualified for the peculiar work of teaching, and it is too much the rule, even in established universities, to select professors upon their general professional fame, rather than upon their known aptness as instructors. There are scores of such men holding professorial chairs in Europe and America to-day, and they are the very men who blackball students with an unction.

Then again, a student's failure may be due to the incompetence of his examiners. This incompetence may exhibit itself in various ways—in the character of the questions propounded; in the method of framing them; in the manner of asking them, etc. Many a student, after having been "stumped" by his professor, could, with a very few well-directed questions, put his teacher in the same awkward predicament. The true scope and intent of a medical college

examination is not to ascertain if the student has learned as much in three years as his professor has in twenty, but whether, as a result of his professor's instructions, he is qualified to go out and begin the practice of medicine.

There is another phase of this subject to which we must ask attention. There is reason to believe that certain American colleges, taking advantage of the curious opinions which prevail among physicians on this subject, deliberately resort to the rejection of students for the purpose of acquiring a reputation for thoroughness. We know that, years ago, one of the now most popular allopathic colleges in this country acquired a most enviable reputation by deliberately adopting this very plan. The faculty raised their standard of *graduation*, but not their standard of *education*.

Let any medical college establish proper restrictions to the matriculation of students, provide them with earnest and capable teachers, and surround them with adequate facilities, and it will never be able, *honestly*, to reject twenty-five per cent. of its candidates for graduation; no, nor the half of twenty-five.

THE PROTEST.—The resolution adopted by the American Institute of Homœopathy, at Indianapolis, by which the society declared the physician's right to practice as his judgment and conscience dictated, was strongly objected to by some, because it had been offered and passed when but a small number of members were present. Dr. Pearson says (*Hom. Phys.*, Aug., 1883, p. 243), there were "only, probably, twenty or thirty members present." Yet, when the New York Central Society adopted its "protest" against the resolution, there were, by the secretary's report, *sixteen* physicians present, and of these, just *four* were members of the American Institute. No comments!

After the adoption of the protest, the members regaled themselves with a discussion on what they evidently thought was homœopathy. One member had a case in which nocturnal pains were present. "It was the only symptom followed;" the totality was ignored. Syphilitic virus, unproved, was administered. Another member gave syphilitic poison to a child afflicted with caries of the spine. The indications were,—calcareous matter discharged from the abscess, child complained of pricking, was worse at night, and Dr. Skinner *had cured a case* with it. Another member, who had voted for the protest, gave the same delightful medicine for "a case

of dirty eruptions of the scalp," and very coolly, but honestly, stated that he had no "special indication for giving it." Of course not; what cared *he* for "indications"? Still another gave syphilis virus in a case of secondary syphilis; no special indications given. Another case received the same pure treatment because the patient had "inguinal bubo." Another member gave the same delicious dose because a woman "had night-sweats," and was "sleepless and restless," and because she "had previously suffered from an attack of ovaritis," etc.

The above we extract from the secretary's report of the meeting, published in one of our exchanges. Those gentlemen, doubtless, imagined that all this mass of trash and nonsense was homœopathy, not because they prescribed from the totality of symptoms—they did no such thing; not because they had reliable and accurate knowledge of the tremendous agent they employed—they possessed no such information; but they thought it was homœopathy, simply and only because the filthy stuff they prescribed had been run through a "potentizing" machine. *That* process had imparted an odor of homœopathic sanctity to the "remedy" which it could never shake off, no matter when, where, how, or by whom it might be prescribed. How Dr. Lippe, in the last number of the *Homœopathic Physician*, denounces such practice! And these are the men who demand that those who *do* know the difference between a true and a sham homœopathy shall surrender their liberty of thought and freedom of professional action into the keeping of some irresponsible, perhaps ignorant, master. And they wouldn't particularly object to taking charge of it themselves.

HUMAN TESTIMONY ON SCIENTIFIC SUBJECTS.—A recent reviewer (allopathic), commenting on Holmes's *Medical Essays*, and particularly his "Homœopathy and Its Kindred Delusions," says, that, "as a contribution to the value of human testimony, no one can read it without being instructed." We doubt if a more exact truth was ever penned. Dr. Holmes's testimony on the verity and value of homœopathy proves conclusively that, in certain matters of personal observation and experiment, the testimony of the schoolboy is as valuable as is that of the distinguished university professor. In the formation of opinions, the absence of knowledge is not more deleterious than the presence of prejudice, and is far less likely to be lasting.

Notes and Comments.

DR. ROBERT DRUITT, author of "Druitt's Surgery," is dead.

THE "INVISIBLE" CORPUSCLE, strange to say, can be easily seen. The *Homœopathic Leader* publishes its photograph.

THE JOHNS HOPKINS MEDICAL SCHOOL is shortly to be opened, and the trustees are beginning to look about for a Faculty.

WHO TOOK THEIR COLLEGE FEES?—The Illinois State Board of Health has on file in its office about two hundred instances of graduates in medicine who cannot spell "diploma."

APPROPRIATE.—A Philadelphia paper calls the baby-carriage a "cry-cycle." Of course; all babies who cry sick'll need an airing. If the journal should be late this month, please ascribe it to editorial exhaustion.

THE LATEST PROPOSITION AND THE COOLEST.—The Philadelphia *Medical Times* suggests that the allopathic or Old School of physicians should now assume the title of "New School." If they continue stealing our principles and our remedies at the present rate, they can soon do better yet, and assume the name "homœopathic."

THE HOMŒOPATHIC ASYLUM FOR THE INSANE, at Middletown, New York, is thus handsomely and justly commented upon by *Leslie's Illustrated News*: As the only known institution of the kind in the country, or indeed in the world, it stands alone in its methods of treatment, and, in its statistics of successful amelioration of the mentally afflicted, the most advanced beacon-light in the constellation of medical science.

UNGENEROUS.—There is a great big pharmaceutical journal in England, and a gigantic allopathic medical journal in New York, that have been appropriating our poor little jokes without giving us credit. We can recognize our own children, even in spite of a thin disguise. If those journals knew through what travail and anguish those "little ones" are brought forth, they would acknowledge the parental relation always, out of sheer pity.

GETTING RID OF THE NAME.—"As for names, they are not so easily got rid of as the homœopathsists who want to get rid of theirs imagine. Homœopathy now describes a certain school of practice, which, we are glad to believe, has made a decided advance upon the original principles of Hahnemann. If it does not signify a material difference from the regular school, its members should bodily give in their adhesion to allopathy. If it does indicate such a difference, no other name will describe it as well, and its members should continue to uphold it."—*Pittsburgh Despatch*.

CONGRESSIONAL PROCEEDINGS.—In the August number of the *Homœopathic Physician*, Dr. C. Pearson makes a garbled quotation from an editorial statement in the July number of the *HAHNEMANNIAN* respecting—well, no matter what—and then says: "There is not one word of truth in all this—a pure fabrication out and out. . . . The impression and misrepresentation here sought to be made is an effective illustration of the doctrine of total depravity. . . . The thought and the language are the spontaneous products of the fertile imagination of the writer," etc., etc.

We need scarcely say that the writer of the above, lives and moves and has his being in the elevating, refining atmosphere of our National Legislative Halls at Washington. But for all that, we cannot reply to him. The *HAHNEMANNIAN MONTHLY* is a reputable journal.

Gleanings.

MEANS FOR PROVOKING THE SECRETION OF MILK.—When the milk is slow in appearing in a lying-in woman, or when it ceases from mental or moral causes, it may be made to return by cataplasms or fomentations of castor leaves applied to the breast, or by suction of the nipple, or by means of electricity. The mammary gland is slightly compressed between two sponge electrodes, and a feeble current passed through the gland for ten or fifteen minutes. This may be done twice a day. After the first few electrizations the breasts swell, the large veins appear on the gland, and the milk secretion is set up.—*Medical News*, July 28th, 1883.

THE LATERAL CLOSURE OF VEIN-WOUNDS.—Dr. Pilcher advocates this method of closing some vein-wounds, because it may be more quickly done than ligation; it demands less extensive dissection and disturbance of the neighboring tissues; it increases the prospect of obtaining union throughout the wound by first-intention, and finally, it preserves intact the functions of the vessel. The great thinness of the venous walls causes them as tubes to be more flaccid, and to collapse spontaneously when empty, while the more languid and even flow of blood through them, and the freer collateral circulation, greatly reduce the force by which they are distended by their contents. Penetrating wounds of their walls have little tendency to gape. In the case of wounds partially dividing a *large and deep-seated* vein, the size of the vessel, and the flaccidity of its walls, may permit the edges of such an incomplete wound and some of the adjoining inner tissue to be brought together and held in apposition by ligatures, sutures, or clamps, until adhesion has taken place, and that without interruption to the flow of blood through the vein. The indications for treatment in the case of wounds of large veins may be stated as follows: 1. To prevent the escape of blood. 2. To maintain the wound-edges and the adjoining intima in apposition. 3. To avoid the formation of a clot. 4. To preserve the function of the organ. These indications, the author thinks, are all met by the operation of lateral closure of the wound, effected either by ligature, forceps-pressure, or suture. Lateral closure has been attempted in wounds of the internal jugular, the external jugular, subclavian, axillary, and femoral veins. In twenty-nine cases collected by Braun, there were nine deaths; three after operation on the internal jugular, from secondary hæmorrhage, and six after operation on the femoral, five of which were from pyæmia. All cases in which vigorous antiseptic measures were adopted recovered. Nine more cases may be gleaned from American surgical literature, and all of these recovered. Lateral closure has been condemned by most surgical writers in the past on account of the dangers to secondary hæmorrhage to which its use was supposed to expose the patient. This objection is not sustained by the statistics presented in Dr. Pilcher's paper. Those cases in which fatal secondary hæmorrhage occurred were, with the exception of one in which the ligature was improperly applied, all cases of injury to the internal jugular vein. The free collateral circulation through the branches of the internal jugular prevent serious discomfiture from being experienced after ligation of this vein, notwithstanding its large size. The normal blood-pressure in this vein is subject to great variations, and it is nearly impossible to immobilize the neck and head to the degree to which the extremities can be subjected, and thus the safeguard of rest is lost. For these reasons lateral closure of the internal jugular is less justifiable than in the case of the veins of the extremities. The axillary and femoral vessels cannot be obliterated without disturbing the circulation of the limbs, causing impairment of muscular power, varicosity of the contributory veins, œdema, and

even gangrene. In the case, therefore, of the trunk veins, at the roots of the extremities, the importance of preserving them from obliteration, and the more favorable conditions which they present to diminish the risk of disturbance to the healing of wounds in their walls, while the current of blood is active within them, justify the assumption of the risks of their lateral closure.—*Annals of Anat. and Surg.*, August, 1883.

PILOCARPINE AS A REMEDY FOR FETID FOOT-SWEAT.—Dr. Armain-gand has used a hypodermic injection of Pilocarpine in several cases of fetid foot-sweat with good results. The suppression of sweating about the feet, even when rapidly brought about by the use of this remedy, does not appear to affect the general organism injuriously. The drug acts here *by exciting a diverting secretion in the salivary glands*; (!) the sudorific effect which is more readily obtained with Jaborandi than with Pilocarpine does not appear to be able to replace the specially salivating effects of the latter.—*New Remedies*, August, 1883.

A NEW TEST FOR THE DETECTION OF ALBUMEN IN THE URINE.—A portion of the suspected urine is mixed with a few drops of a solution of chloride of sodium in a test-tube; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid.—*New Remedies*, August, 1883.

THE EXCRETION OF PHOSPHORIC ACID BY THE KIDNEYS AS AFFECTED BY MENTAL LABOR.—There is a strong semi-popular or professional opinion that the excretion of phosphoric acid is perceptibly or decidedly increased by mental labor; the most common form in which the statement is made being in regard to the increased elimination of phosphates by clergymen on Mondays. Dr. Robert T. Edes, of Boston, has made a number of observations on himself as regards the amount of phosphoric acid excreted during periods of rest and periods of mental labor. The experiments were varied, to prevent mistakes from occurring. Dividing his days into two sets, of work-days and leisure-days respectively, he found that the amount of phosphoric acid excreted in the two sets is the same within three milligrammes, *i. e.*, 247 in the first set, and 250 in the second. In some of the experiments, so far from the phosphates being increased by mental exertion, they were rather diminished during the process which he dignified by the name of thought.—*Arch. of Med.*, August, 1883.

AN UNUSUAL HYSTERICAL SYMPTOM GROUP.—The case reported by Dr. Edwin Walker was that of a young woman, *æt.* 18, taken with labor-pains in the eighth month of her first pregnancy. For several years prior to marriage she had suffered from hysterical attacks. For three days after labor set in she remained in bed, having occasional pains but making no decided progress. On the third day, she began suddenly to complain of severe headache, and a short time afterward said she was blind. Pupils neither dilated nor contracted, responding sluggishly to light. Ophthalmoscopic examination gave negative results. She had passed only a few ounces of urine in the preceding twenty-four hours. The temperature was 37° C. Pulse and respiration normal. The urine contained no albumen, nor was there any oedema. She recovered her sight in twelve hours. Taking the whole history of the case into account, a diagnosis of hysteria was made. The patient was safely delivered a few days after the attack referred to, and has had no hysterical symptoms since; the last-named fact being attributed by the author to the moral treatment which he adopted.—*Arch. of Med.*, August, 1883.

THE EARLY SYMPTOMS OF GENERAL PARALYSIS OF THE INSANE.—

The failure to properly appreciate correctly the import of early symptoms of general paralysis, is sometimes attended with serious injury to the patient or others. This failure of appreciation of the early symptoms is partly due to the fact that this disease does not usually select its victims from those who have inherited weak and unstable nervous organizations, but from the capable and vigorous. Goldsmith has made an analysis of the histories of one hundred cases of general paralysis, and on this bases the following remarks: The disease always presents both motor and mental symptoms. The motor symptoms usually appear first in those groups whose functions demand the greatest harmony, and nicest adjustment in action; hence the early appearance of defective articulation, and irregular chirography. The sensory symptoms may be dysæsthesia, hyperæsthesia, or anæsthesia, and occasionally neuralgia. The pupillary symptoms consist in an inequality of the pupils, reacting sluggishly to light and during accommodation, and marked myosis. The mental symptoms considered characteristic are a marked feeling of self-complacency and content, and delusions of wealth, greatness, and power. In some cases, epileptiform or apoplectic seizures were the first symptoms to appear. Other symptoms that may be noticed early in the progress of the case, are incoördination of gait, diminished sexual power, ptosis, and diplopia. As regards the patellar reflex, Goldsmith considers that well-marked exaggeration in both legs is strong corroborative evidence of general paralysis. Diminution or absence of it is decidedly less so, but still has some value. Disordered gait is apt to be present where the tendon reflex is absent. The mental changes appearing first, are failure of memory for recent events, poor judgment in business without manifest change in habits or activity of life, mental sluggishness, marked exhilaration and self-satisfaction, erotism, and insane delusions of wealth and greatness.

In the summary at the close of his paper the doctor says that physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or history of both to aid him when called upon for a diagnosis, and that changes in the pupils and disorders of gait are less frequent, and have less value in diagnosis than is usually ascribed to them. Among the mental symptoms, the marked exhilaration, with delusions of wealth or greatness, which is usually considered the characteristic mental symptom, is present early in less than one-fourth of the cases, and the simple failure of mental capacity and activity and mental depression are the more frequent first mental changes.—*Arch. of Med.*, August, 1883.

NASAL COUGH.—Dr. John N. MacKenzie has been investigating the subject of nasal cough and formulates the following conclusions.

1. In the nose there exists a well defined sensitive area, whose stimulation, either through a local pathological process or through the action of an irritant introduced from without, is capable of producing an excitation which finds its expression in a reflex act or in a series of reflected phenomena.

2. That this sensitive area corresponds in all probability with that portion of the nasal mucous membrane which covers the turbinated corpora cavernosa.

3. That reflex cough is produced only by stimulation of this area and is only exceptionally evoked when the irritant is applied to other portions of the nasal mucous membrane.

4. That all parts of this area are not equally capable of generating the reflex act, the most sensitive spot being probably represented by that portion of the membrane which clothes the posterior extremities of the inferior turbinated body and that of the septum immediately opposite.

5. That the tendency to reflex action varies in different individuals and is probably dependent upon the varying degree of excitability of the erectile tissue. In some the slightest touch is sufficient to excite it, in others a chronic hyperæmia or hypertrophy of the cavernous bodies seems to evoke it by constant irritation of the reflex centres, as occurs in a similar condition of other erectile organs, as for example the clitoris.

6. That this exaggerated or disordered functional activity of the area may possibly throw some light on the physiological destiny of the erectile bodies. Among other properties which they possess, may they not act as sentinels, guarding the lower air passages and pharynx against the entrance of foreign bodies, noxious inhalations and other injurious agents to which they may otherwise be exposed.—*American Journal Medical Science*.

VARIETIES OF ANGINA PECTORIS.—Under the name angina pectoris, many writers have grouped together symptoms differing from one another as widely in their causation as they do in their gravity. It is of great importance to have clear views as to the different forms of angina pectoris. According to Huchard (*Revue de Méd.*), there is but one form of true angina pectoris, viz., that dependent upon cardiac ischæmia. This may be organic or functional. The former is produced by a narrowing or obliteration of the coronary arteries, and the author quotes thirty fatal cases of this disease in which one or the other of these conditions was found on autopsy. This form of the disease is of grave prognosis and indeed generally proves fatal, in this respect forming a striking contrast to all the other varieties. The existence of functional ischæmia of the heart is not of course susceptible of such definite proving as in the case of the organic variety, but there is ample evidence, both clinical and physiological, that tobacco is capable of inducing this state of the heart. The symptoms which it may give rise to, are so well known that it is unnecessary for us to do more than enumerate them. They are diminished frequency of the pulse, irregularity of the heart's action, fainting and feeling of precordial distress, which may go on to a typical attack of angina pectoris. Spurious angina pectoris is also of two kinds, the one including all cases of nervous or arthritic origin, the other cases of gastric origin associated with dilatation of the heart. The points which distinguish these spurious cases from true forms are that the attacks do not supervene with certainty on any one given cause, such for instance as any form of violent exercise, that the attacks when they do occur are not so severe and do not last so long as in the true disease, and that in this last or gastric form the attacks are especially prone to come on after a meal. Spurious cases are never fatal.—*Medical Times and Gazette*.

ON DANGEROUS HÆMORRHAGE FROM THE EXTERNAL GENITAL ORGANS DURING AND AFTER LABOR.—Dr. Peter Young's paper was read before the Edinburgh Obstetrical Society. The author prefaced his remarks with the statement that dangerous or even fatal hæmorrhage occasionally occurs after parturition, even when the womb was well contracted. This accident arose in such cases not from uterine sinuses but from laceration of the cervix or external genitals. Two cases illustrating this statement were given. In the first case the patient was practically lifeless when first seen and all efforts to arouse her were ineffectual. The autopsy showed that the uterine sinuses were sealed with clots. There were several slight rents in the cervix. On the anterior wall of the vagina, there was a tear $\frac{3}{8}$ of an inch long extending backward from the left side of the urethra to the left of the clitoris. The wound was $\frac{7}{8}$ of an inch deep and of a spongy appearance, and revealed not only a divided plexus of veins but some small arteries as well. In the other case the wound was also in the region of the vestibule. Its discovery was seasonable and the patient was saved. Winckel was quoted as to the possibility of injury to the nymphæ and labia majora during

parturition even without rupture of the perineum, but the neighborhood of the vestibule seems to be a more common as well as a more dangerous locality. The accident may be caused by the simple pressure of the child's head, especially if the tissues are friable or otherwise without resisting power, or it may be caused by the interference of the accoucheur. As it is likely to occur when only the head of the child has been expelled, the existence of a hæmorrhage at such a moment should suggest this accident. If, after an ocular examination, it is found that it has taken place, it should be treated at once by pressure in the most convenient and suitable form which can be devised at the time. It will be often desirable to apply pressure temporarily and subsequently pass one or more sutures through the wound.—*New York Medical Journal*, August 4, 1883.

ERGOT IN LOCOMOTOR ATAXIA.—Prof. Grasset records a case of ataxia in a man aged 38 years, who was getting on pretty well until he was seen by Charcot, who prescribed ergot in doses gradually rising to 15 grains daily. He returned with his prescription to his home, when without having the attention of any local medical man he proceeded to carry out the treatment. On the second day on which the full dose was taken, he became paralyzed in all four extremities without loss of voice. On omitting the ergot he recovered slowly. Dr. Grasset recalls the recent observation of Tuzek in an epidemic of ergotism, that all the cases presented symptoms of lesions of the posterior columns of the spinal cord, and in some cases a complete picture of locomotor ataxia was developed. In four cases, the cords were examined after death and the lesions of ataxia were present.—*Practitioner*, July, 1883.

HERPES PROGENITALIS IN THE FEMALE.—In view of the fact that Duhring had never met with a case of herpes progenitalis, Dr. Unna is led to report his experience with the disease, he having met with 200 cases. He attributes this to the fact that he had four years' experience as examiner of puellæ publicæ. In France, where prostitution is under surveillance, and where excellent syphilographers abound, herpes progenitalis early attracted attention and was ascribed to an unnatural irritation of the sexual organs to which prostitutes are subject. Venereal diseases cannot be the cause, for in married women suffering from syphilis or gonorrhœa, herpes is not found. In prostitutes, herpes occurs as often in those without as those with syphilis. Acute and chronic blennorrhœa often exist as factors in the development of herpes progenitalis, by the congestion of the parts which they induce. There are prostitutes who have an attack of herpes every time they menstruate. Less frequently pregnancy and the puerperal state induce a disposition to herpes progenitalis. Bruneau must be given credit for having shown that in women suffering with chronic metritis, cervicitis, etc., every herpetic eruption is preceded by increased sensibility and signs of heightened congestion of the pelvic organs. While the vesicles are still intact, the diagnosis is easy. The vesicles are yellowish, translucent and arranged in clusters. When the epidermis has given way, the surface crusted over, erosion present, the surface must often be first carefully cleansed before we can say whether the disease be a superficial wound, a burn, eczema, chancre or herpes. Herpetic erosions are well defined and of a bright reddish hue. They are discrete, coalescent or confluent. In any case, as Fournier has remarked, the sharply defined contour and crescentic arrangement make herpes easy of diagnosis. The parts most liable to this affection are, in order, the labia minora, prepuce of the clitoris, labia majora, introitus vagina, and caruncula myrtiformis. The disease may be unsymmetrical when such organs as the prepuce of the clitoris, perineum, etc., are attacked. Pain usually precedes the eruption by several days.—*Journ. Cutan. and Vener. Dis.*, August, 1883.

A CASE OF BORIC ACID POISONING has been reported by Prof. Bruzelius. (*Weekly Medical Review*). A patient suffering from diarrhoea was given ten enemata of 1400 gr. of 4 per cent. solution of the acid; after four days, he had four more. On the ninth day he suffered from congestion and irritation of the nasal and pharyngeal mucous membrane. On the eleventh day the rectal temperature rose to 39°; on the twelfth day, it was 39.8°, and there were cephalalgia, somnolence and prostration. On the fifteenth day a well-marked erythema appeared, which in three days gave place to an urticaria. Even nine days after the last enema the urine contained boric acid.—*Am. Jour. of Pharm.*, July, 1883.

PILOCARPINE AND CATARACT.—Landesberg reports five cases of opacity of the lens after the use of pilocarpine.—*New York Med. Times*, August, 1883.

TREATMENT OF WHOOPING COUGH.—When in whooping cough, the spasm of the glottis predominates, together with convulsive distortions of the limbs and symptoms indicating hyperæmia of the brain, Kafka prescribes Cuprum acet. 3ʳ. Where the tendency to vomiting is great and the child turns blue in the face during the cough, he gives Ipecac 3ʳ. A case associated with cold sweats after every attack of coughing, was promptly cured by Veratr. alb. 3ʳ. Belladonna and Drosera are often sufficient in the first stage. The victims of whooping cough should be carefully guarded against strong variations in temperature.—*New York Med. Times*.

ON THE USE OF TURPENTINE IN HOSPITAL GANGRENE.—During the late civil war Dr. James R. Wood had charge of the gangrene tents. There every gangrenous wound was immediately dressed with lint, saturated with turpentine, first carefully cutting away all the dead tissue possible. If the lint could not be thoroughly applied to every part, as in long sinuses, then turpentine was injected. In cases of hospital gangrene among ligaments and tendons, nitric acid was used before dressing with turpentine. As soon in any case as the slough disappeared, leaving a healthy surface, the turpentine was laid aside and a dressing of Ol. Copaibæ substituted. Notwithstanding the free use of turpentine, no poisonous effects were observed in any case. Of forty cases treated only one died.—*Homœopathic Leader*.

News, Etc.

MEDICAL SCIENCE CLUB OF CHICAGO.—A new Homœopathic medical society has been organized in Chicago for the purpose of encouraging study and research in special departments of medicine. The name chosen is "The Medical Science Club," and the number of members is limited to fifteen. Each member chooses a particular subject for study, and reads a certain definite number of papers on it through the year. The list of members, with their specialties, is as follows:

Surgery,	F. H. Newman, M.D.
Gynecology,	Prof. W. F. Knoll, M.D.
Physical Diagnosis,	Clyde E. Ehinger, M.D.
Obstetrics,	F. A. Churchill, M.D.
Anatomy,	C. M. Beebe, M.D.
Physiology,	S. N. Schneider, M.D.
Histology,	F. R. Day, M.D.
Ophthalmology and Otology,	C. F. Bassett, M.D. and C. G. Fuller, M.D.
Chemistry,	Prof. Clifford Mitchell, M.D.

In addition to the active members, the Club has a number of associate members who are non-residents of Chicago. Any physician in good standing, graduate of a reputable medical college, may become an associate member and contribute papers on any specialty in which he is interested. The Club proposes to do vigorous work in medical science during the coming winter. Meetings are held every alternate Tuesday evening at the Grand Pacific Hotel.

SCHUYLKILL COUNTY, PA., HOMŒOPATHIC MEDICAL SOCIETY.—Schuylkill County is congratulating herself on the organization of a live county medical society. The first regular meeting was held in Shenandoah, on July 28. Having the organization to complete, but one paper was read. The Society's meetings will be held quarterly, at one or another place in the county; the next session will be at Tamaqua, on October 25.

The officers elected for the year are: *President*, Dr. Charles B. Dreher, of Tamaqua; *Vice-President*, Dr. Leon A. Snyder, of Ashland; *Secretary*, Dr. T. W. Swalm, of Pottsville; *Treasurer*, Dr. John S. Kistler, of Shenandoah.

Dr. Francis W. Boyer, of Pottsville, was elected delegate to the State Society meeting in Philadelphia.

T. W. SWALM, M.D.,
Secretary.

THE NEW JERSEY STATE MEDICAL SOCIETY will hold its semi-annual session at the West End Hotel, Asbury Park, on Tuesday, September 4, at 11 A.M. We learn that a large and interesting meeting is anticipated.

THE AMERICAN HOMŒOPATH, published by Chatterton, of New York, has changed editors. The new literary manager is George W. Winterburn, Ph.D., M.D. We wish the journal ever-increasing success and usefulness.

THE MEDICAL ERA, OF CHICAGO, which we merely mentioned in July as one of our new journals, is a bright and attractive-looking periodical. It has among its contributors many of the best medical writers of Chicago and the West, and its articles thus far are what might be expected from that class of writers. It is not connected with either of the Chicago colleges, and contains contributions from professors in both schools. Gross & Delbridge, Publishers. T. D. Williams, M.D., Editor. \$3.00 per year.

PROF. A. C. COWPERTHWAIT, who has been so successful in building up the Homœopathic Department of the University of Iowa, and who has been Dean of that school from the time of its inauguration, has been invited to the Chair of Obstetrics and Diseases of Women in the Homœopathic Department of Michigan University. It would be a piece of good fortune for any school to be able to secure his services and his active influence. We learn, however, that Dr. C. has decided not to accept the call.

PROF. E. C. FRANKLIN has resigned the Chair of Surgery in the Homœopathic Department of the University of Michigan, and has returned to St. Louis, Mo.

DECEASED.—COFFEEN.—Of septicæmia, August 9, 1883, at his residence in Wyoming, Hamilton Co., Ohio, Dr. J. Q. A. Coffeen, in the fifty-eighth year of his age.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The trustees of the Philadelphia College have just purchased a large lot of ground, on which they intend to erect new college, dispensary and hospital buildings. The ground is situated two squares north of the new Public Buildings, near the business centre of the city. It extends from Broad street (north of Race street) westward to Fifteenth street, having a frontage of one hundred and six feet on Broad street and one hundred and forty-two feet six inches on Fifteenth street. The entire length of the lot is three hundred and ninety-six feet. The cost of this magnificent site is \$104,500.

It is the intention of the trustees, as soon as actual possession of the property is obtained, to commence the erection of buildings thoroughly adapted in all respects to the needs of a first-class medical college. It is proposed to erect the main College building on the Broad street front of the college grounds. This building will contain the lecture-rooms for didactic instruction, the museum, practical anatomy rooms, and the various laboratories for the professors and for practical work by the students in the departments of General and Medical Chemistry, Physiology, Microscopy, Normal and Pathological Histology, etc., together with suitable rooms for practical exercises in the various manipulations of Surgery, Obstetrics, etc. Commodious apartments will also be provided to be used as library, reading, study and recitation rooms, and also for the convenience and comfort of the students and teachers.

Contiguous to the college building, and between it and the hospital, will be the Dispensary and Polyclinic. This building will, of course, include the clinical amphitheatre, so arranged as to secure light from all sides, and will communicate directly with the hospital as well as with the dispensary. Here will be provided reception and general prescribing rooms, besides rooms for special examinations in private cases and for the management of all cases occurring under the various specialties. There will also be convenient apartments for the clinical professors, anæsthetic and recovery rooms, and rooms for special clinical instruction, demonstration and practice for individual students and for small classes, especially in Gynæcology, Ophthalmology, Laryngology, etc., and in general physical and chemical exploration.

The Hospital will front on Fifteenth street. It will probably consist of a central building and two parallel pavilions. Ample room can be provided on the grounds for a hospital to accommodate two hundred and fifty to three hundred patients. The building will doubtless be erected in sections, and will be so constructed as to illustrate the highest and best principles of modern sanitary science, and provided with every convenience for the highest welfare of the patients and the greatest educational advantages of the students.

The Faculty have succeeded in enlisting, in behalf of the College, the warm interest of a large number of the most active, influential and wealthy business men of Philadelphia; and it is to the public and humanitarian spirit and the business sagacity of these gentlemen that the College owes its present exceedingly flattering prospects. At last the alumni of the Philadelphia school, from the class of '49 to that of '83, are to have an institution in which they may feel a good deal of pride. For it is the full purpose of the Faculty and Trustees to place the institution upon such a basis as that, in point of efficiency, it shall be, in no single particular, second to any medical school in America.

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PAIN IN THE HEAD AND FACE.

BY CLARENCE BARTLETT, M.D.

(Read before the Philadelphia Medical Club.)

THE subject which I have chosen for my paper this evening, is one of vital importance and of the greatest practical value, so much so in fact that I fear, to do it full justice will be an impossibility. Hilton has said that "pain in any part, when not associated with increase of temperature (the local symptom of local inflammation), must be looked upon as sympathetic pain, caused by an exalted sensitiveness of the nerves of the part, and it is to be regarded as a pain depending upon a cause situated remotely from the part where it is felt." This observation is particularly pertinent to the subject under consideration. There is scarcely an organ of the body with which the head is not in sympathy. Diseases of the brain, the organs of special sense, teeth, stomach, liver, kidneys, heart and lungs, together with various morbid constitutional conditions, such as anæmia and syphilis, may give rise to symptoms denominated by the patient, headache and neuralgia; symptoms which may, by lack of interest or by careless observation on the part of the physician, be elevated to the dignity of a disease, instead of being recognized as but one of the phenomena of the pathological condition from which the patient is suffering. The head receives its nervous supply from both the cranial and spinal nerves. The fifth pair of cranial nerves supplies all of the face, together with that portion of the scalp over the parietal bones, and the upper and anterior part of the external ear and the auditory canal. The remainder of the pinna is supplied by the great auricular nerve, a branch of the third

cervical. The occipital portion of the head draws its nervous supply from the great and small occipital nerves, branches of the second cervical. In practice, it is an important matter to localize with care the exact seat of pain, as in this way only can we trace with accuracy the true origin of the disease.

The most frequent cause of pain occurring in the area to which the fifth pair of cranial nerves is distributed, is neuralgia, and this in itself is frequently symptomatic of diseases occurring elsewhere. The trifacial nerve consists of three branches, the supra-orbital, the supra-maxillary and the infra-maxillary nerves. The first of these branches is distributed to the nose, eyelids, forehead, eyeballs and scalp. The supra-maxillary nerve supplies the cheek, the lower eyelid, the lateral part of the nose, the upper lips and the tissues about the zygomatic arch and anterior temporal region. The infra-maxillary nerve is distributed to the lower jaw and lower teeth, the chin, the mucous membrane of the mouth, the tongue and the anterior portion of the auricle of the ear. The pain in neuralgia may affect either one or more of these branches. Facial neuralgia occurs in paroxysms, which may be either of gradual or sudden onset. The pain is of a sharp darting character, associated with a feeling of pressure or tension, and frequently, with a sensation of numbness or formication in the affected parts. There may be either hyperæsthesia or anæsthesia of the skin over the painful area. The former is said to occur in recent, the latter, in chronic cases of neuralgia. At times we have sympathetic involvement of the facial, the motor nerve of the face, in which case, motor phenomena, such as blepharospasmus and twitching of the muscles of expression, are observed. At the beginning of an attack, the face is usually pale, followed later by marked redness, with throbbing of the external carotid arteries. The special senses may be affected. Subjective noises may be heard in the ears. Flashes of light may appear before the eyes, vision may be dulled or photophobia may manifest itself, together with profuse lachrymation, any exposure to light greatly intensifying the pain. Alterations in the sense of taste may be exhibited and the salivary secretion increased. The trophic changes met with in neuralgia are few. The most frequently observed of these, is grayness of the hair on the affected side. Anstie has referred to glaucoma and iritis as resulting from neuralgia; but it is more than probable that he has not observed correctly the relation of cause and effect, and that the glaucoma and iritis were the primary diseases, the neuralgic pains merely being

symptomatic of their existence. In two cases of facial neuralgia occurring in individuals at the middle period of life, under my care, a cataract had appeared in the eye of the affected side. There was no increase in the intraocular tension in either case, nor did a careful ophthalmoscopic examination reveal the existence of any abnormal condition of the fundus of the useful eye. Valleix has shown that in old cases of neuralgia, certain small points painful to pressure, make their appearance. They are usually situated at spots beneath which the affected nerve emerges from its bony canal, or at points in its course where it becomes superficial. Valleix, by careful study, has mapped out the location of these points. Their names and situations may be learned by reference to any work on the subject of neuralgia. The supra-maxillary nerve is most frequently the seat of neuralgic pain, which is apt to be of the most severe character. Supra-orbital neuralgia is the variety which is prone to occur as the result of exposure to cold and to malarial influences. It is periodical in its onset, reappearing day after day, or on alternate days at the same hour. It is a frequent symptom of certain eye diseases, such as iritis, glaucoma, sympathetic ophthalmia and panophthalmitis.

Trousseau has described a form of facial neuralgia, in which the pains are of a sharp, darting or stabbing character, coming in paroxysms which last but a few seconds, or at the most one minute, then disappear to come again at intervals of hours, days or weeks. This form of neuralgia is particularly intractable, Trousseau claiming that it is incurable. He calls it "epileptiform neuralgia." Buzzard has shown that the "lightning pains" of ataxia may appear in the parts to which the trifacial nerves are distributed. Now it seems to me, that it is very easy to confound cases in which this occurs, with those of epileptiform neuralgia. In fact, it was my fortune to make such an error in a case recently under my care. The case was at first supposed to be one of facial neuralgia. Being unable to account for the pupillary changes (the Argyll-Robertson pupil was present), a thorough examination of the patient was made, and this revealed the existence of lightning pains in other parts of the body than the face, together with staggering gait when getting up at night and absent patellar tendon reflex.

It is of importance in any given case of neuralgia, to decide as to whether the disease is of peripheral or of central origin. In the former case, the neuralgia will be confined to but one of the divisions of the trifacial nerve, careful examination

may show the existence of a peripheral cause, and between the attacks, the painful points are present. Where, however, neuralgia comes on as a result of central disease, the pain involves all the branches of the nerve, other cranial nerves are apt to give evidence of disease, and the patient exhibits great mental irritability. The painful points will probably be absent.

Of the peripheral causes of prosopalgia, there are none which we will meet with as frequently as diseases of the teeth. This fact, though well known to every practicing physician, is frequently lost to mind. Only recently, a dental friend related to me a case bearing on this point. A gentleman, an officer in the navy, had been a sufferer from facial neuralgia for years. He had consulted prominent practitioners, but none of them were able to afford him the slightest relief, beyond that obtained from large doses of morphia, to which he had become habituated. Discouraged and worn out by his sufferings, he finally resigned his commission. Not long afterwards, he had occasion to consult a prominent dental surgeon of this city, who, on examining his teeth, found that several, which at first sight appeared to be sound, were not really so. Tapping them with a metal instrument caused pain. He immediately drilled through the fangs of these teeth into the pulp-cavity, and gave vent to a quantity of offensive gas, the result of decomposition of the dead pulp. From that time to the present, that gentleman has been free from his neuralgia. We are all liable to err in supposing that because we can discover no symptoms directly referable to a diseased tooth, therefore that tooth is not the cause of a neuralgic pain which may be present. Dental caries may give rise to the most severe neuralgia without the existence of any uncomfortable sensation at the site of the offending tooth. This neuralgia may frequently be ameliorated, or even temporarily cured, as I have several times observed, without treatment being directed to its exciting cause. The disease will in all probability appear later, and will be instantaneously relieved by the extraction of the tooth, or by destruction of the nerve by means adapted to that purpose. Neuralgia from diseased teeth presents no characteristics by which it may be distinguished from neuralgia arising from other causes. It may invade any one of the branches of the fifth pair.

When the pain is situated in the eyeball, which is not frequently the case, the offending tooth may be any of those in the upper jaw. When the pain is in the upper part of the head or in the temporal region, the diseased tooth is generally

in the upper jaw and in the back part of the mouth. When the pain is referred to the ear, we look to the posterior teeth in the inferior maxilla. Dr. Gross has described a form of neuralgia occurring in jaws from which the teeth have been extracted. Wedd believes that this is produced by the formation on the filaments of the torn nerves of small bodies similar to those occasionally met with on nerves after amputations. Gross himself attributes it to pressure on the minute nerves resulting from the deposition of osseous matter within the canals. It will occasionally happen, rarely it is true, but still sufficiently often to make it necessary for us to know of the possibility of such an occurrence, that a fang which is the cause of a neuralgia, may become covered over with healthy gum. A careful ocular examination will fail to reveal any abnormal condition. If such a condition be suspected, its existence may be positively determined by means of a sharp steel probe. Such a probe passed through the gum will readily enter bone, but should it come in contact with a tooth-fang, it encounters firm resistance. In diagnosis, it is necessary to make a distinction between neuralgia dependent on diseased teeth and toothache. Like neuralgia, the pain in toothache may intermit. The patient does not always refer the pain to the tooth which is diseased, but to one which may be perfectly sound. The pain may be felt in the lower jaw, and yet the tooth which has given rise to it may be in the upper. The most common causes of toothache are caries of the teeth in association with various morbid conditions of the tooth pulp, and difficult eruption of the wisdom-teeth. When dependent upon the latter cause, the pain may not be located at the seat of the trouble, but may be referred by the patient to the teeth farther forward in the mouth, owing, it is supposed, to the pressure exerted by the new tooth on the nerves going to those in front of it.

For the present, let us suspend our consideration of dental diseases in the etiology of painful affections of the head, until we speak of pain in and about the ears, when the subject will call forth a few additional remarks. We will now speak of the influence exerted by errors in refraction in the production of neuralgic pains. These pains may be so severe in some cases, as to cause the physician to entertain suspicion of brain disease, in connection with his patient's case. The pain in these cases may be situated in almost any part of the head, eyes, forehead, temples, parietal and occipital regions. It need not necessarily be brought on by use of the eyes, nor is it, when present, always aggravated thereby. An ophthalmoscopic ex-

amination may reveal the existence of congestion of the optic nerve, a condition which may suggest the possible presence of some meningeal trouble, but which, in reality, is due to the error in refraction. Astigmatism, hypermetropia and spasm of the ciliary muscle, are the ophthalmic troubles which most frequently give rise to neuralgia and headache. Their existence can only be positively determined by careful testing by glasses, a subject which does not concern the present paper. They will in most cases, however, be attended by symptoms other than the pains in the head, symptoms directly referable to the eyes themselves, such as burning and itching of the eyes, eyes tire readily from use, letters blur and run together when reading, and chronic congestion of the conjunctiva. The fact of a headache disappearing for months, does not prove that it did not depend upon an error of refraction. It is possible for a patient with astigmatism or well-marked hypermetropia to get along for years with no trouble whatever. Then a little extra work or perhaps a severe attack of illness so weakens the ciliary muscle, that headache appears, and this may persist even when the normal health has been regained.

There is one very dangerous disease of the eye, which is attended with the most excruciating pains, pains which are usually felt along the course of the supra-orbital nerve, and which keep the patient awake night after night. I refer to glaucoma. There is nothing in the character of the pains themselves to distinguish them from neuralgia, but the increased intraocular tension, the rapid diminution in the field of vision, the cupping of the disk and the dilated pupils, are symptoms which point to glaucoma. The prompt recognition of this disease is an important matter, for unnecessary delay may doom the patient to permanent blindness. Cases have occurred and are occurring in which unrecognized glaucoma is allowed to destroy vision, while the patient is being subjected to an unsuccessful course of treatment for neuralgia.

Pain in the head of the most severe and agonizing nature, may be symptomatic of organic disease of the brain. The pain, while it may appear in paroxysms, differs from that of neuralgia or functional headache, in that, having once manifested itself, it very rarely disappears completely. It will usually be associated with other symptoms indicative of cerebral disease, such as paralysis or convulsion. Vomiting is a very frequent accompaniment, especially when the disease is located in the cerebellum; it does not, however, afford any relief to the pain, as in the case of headache reflex from gastric disorders. The

situation of the pain is not always a sure index of the location of the pathological process going on within the cranium. The disease may be situated in the cerebellum, yet all pain is referred to the forehead. According to Mr. Callender, cortical lesions are more liable to be accompanied by localized pain, than lesions situated in deeper parts of the cerebrum. Two organic diseases of the brain in particular are associated with severe pain, namely, tumor and abscess. In the case of the former of these conditions, an ophthalmoscopic examination will reveal or may reveal the existence of optic neuritis. Cerebral abscess will usually be preceded by a purulent otitis media, or the patient will give a history of injury to the head.

In hemicrania, the pain is often so severe as to cause apprehensions on the part of the patient of organic cerebral disease. Hemicrania is a disease of the cervical portion of the sympathetic, characterized by paroxysmal outbursts of pain, affecting usually but one side of the head. Premonitory symptoms, such as weariness and depression, usually precede an attack. In neuralgia, the pain comes on suddenly; in hemicrania, on the other hand, it usually comes on by degrees in the course of the day. The patient may experience the pain when he wakes in the morning. When at its height, the pain is of a dull, burning, bursting, or throbbing character. There will probably be complete loss of appetite, together with intense nausea and even vomiting. The painful points characteristic of neuralgia, are absent. Two varieties of hemicrania are recognized, one characterized by vascular contraction, and known as hemicrania spastica, the other, by vascular dilatation, and known as hemicrania angio-paralytica. In the first of these forms, that characterized by vascular contraction, the affected side of the face will be colder and paler than the other, and the pupil will be dilated. Pressure on the carotid of the affected side, aggravates the pain. At the end of the attack, the face becomes red and hot, and there is a profuse discharge of watery urine. In hemicrania angio-paralytica, the symptoms are in some points diametrically opposed to the foregoing. The affected side of the face is red and hot, the pupils are contracted, and there is profuse lachrymation. Compression of the carotid artery eases the pain, as will any cause which increases the general arterial tension.

Galezowski has described a form of hemicrania which he has denominated ophthalmic megrim. This form is characterized by paroxysms of pain coming on one side of the head, associated with scintillating scotoma in the eye of the affected

side. After the disease has lasted for some time, one of the attacks may be accompanied with blindness or hemiopia, which persists even after the pain has passed away. An ophthalmoscopic examination in these cases, shows a thrombosis of one of the retinal vessels.

The osteocopic pains of syphilis commonly occur in the bones of the head, just about at the time preceding the manifestation of the secondary symptoms. Still, they may occur in the late stages as well. They are characterized by pain of a splitting, boring, bone-breaking character, coming at night and aggravated by the warmth of the bed. The affected parts are very sensitive to even a light touch. In the later stages of syphilis, nodes may occur on the internal surface of the cranium, and give rise to such intense suffering as to simulate the pains of neuralgia. The pain here will be more or less continuous and marked by nocturnal exacerbations. Sooner or later, if not relieved by treatment, mental symptoms will manifest themselves in conjunction with it.

A very troublesome form of headache occasionally accompanies attacks of acute coryza. The pain is situated in the forehead. It is due to the closure of the orifices of the frontal sinuses, resulting from the swelling of the nasal mucous membrane. Sometimes chronic nasal catarrh is accompanied by the same form of headache, in which case, there will also be a sense of stoppage in the nasal passages. An examination with the nasal speculum shows marked hypertrophy of the tissues covering the turbinated bones. A severe pain in the face may be produced by an inflammation of the mucous membrane lining the antrum. The orifice by which the antrum opens into the nose is closed, and hence the discharges accumulate and produce pain, which disappears as soon as proper drainage of the cavity is effected.

Cases of lithæmia, in which the nervous symptoms are marked, often give rise to the incorrect diagnosis of organic disease of the nervous system. Vertigo coming on in paroxysms, in association with headache, which is not apt to be of a severe character, are prominent symptoms of the case. At times, the headache and vertigo do not coexist, but alternate with each other. Occasionally, the headache may come in paroxysms, similar to those of hemicrania, except that the vomiting and other gastric symptoms are not so marked. They are generally localized, are aggravated by noises and by wine, and as they pass off, a deposit of red sand is noticed in the urine. The neuralgia which accompanies lithæmia, does not often

locate itself in the parts supplied by the fifth pair of nerves, but more frequently appears in the nerves of the extremities, giving us brachial and sciatic neuralgias.

Headaches from uræmia frequently appear in the later stages of Bright's disease. They are particularly common in the form known as chronically contracted or gouty kidney, less so in chronic tubal nephritis, and least of all in lardaceous or waxy kidney. Uræmic headache may locate itself in any part of the head. When it has once appeared, it is very persistent. It may be associated with morning vomiting. The diagnosis rests on the discovery of albumen and tube-casts in the urine.

While speaking of the headaches arising from the various forms of toxæmia, it may be well to refer to that arising from the breathing of impure air in crowded school- and lecture-rooms. This is probably one of the most frequent causes of headache in young persons. Carbonic acid gas and the effete animal matters thrown off during respiration, are the agents producing the deleterious effects.

Persons of a nervous temperament are subject to a form of headache which may be styled nervous, coming on as a result of worry or of excessive mental labor. It is usually relieved by the rest afforded by sleep. At times, it may be associated with nausea and disturbances of vision. Habitual mental strain may so increase the predisposition to the trouble that when the primary cause has been removed, the headache may still recur in paroxysms. The pain is usually felt in the forehead and vertex, although it may occasionally attack other parts of the head.

Disturbances in the electrical condition of the atmosphere, may bring on a headache in some persons, somewhat akin to the preceding. The pain may appear several hours prior to the onset of the storm.

Rheumatic individuals, as a result of exposure to a draught, are liable to suffer from pain, which locates itself in the aponeurosis of the occipito-frontalis and in the body of the temporal muscles. Unlike other headaches, it is not associated with heat of the head or lachrymation, but may be accompanied by stiffness and soreness in moving the jaw. Sieveking suggests the possibility of a headache resulting from the rheumatic affection of the fibrous envelopes of the brain. Such a condition may occur in the case of the fibrous covering of the heart, so that it is perfectly reasonable to suppose that the same may take place within the cranial cavity.

Cerebral anæmia may occasion headache of the most severe character. It is usually associated with marked mental irritability, certain hallucinations, ringing in the ears, and intolerance of light and sounds. It is situated in the anterior part of the head, and is relieved by rest and the recumbent posture. A tendency to syncope often accompanies it. The headache of nervous exhaustion may be looked upon as a variety of the preceding, produced by mental anxiety, night-watching, and like depressing influences. It is often accompanied by a feeling of pressure in the occiput.

Clavus is a form of headache common in anæmic females, and resembling hemicrania in many particulars. It is associated with nausea and vomiting. The pain in clavus, unlike that of hemicrania, is limited to an exceedingly small, circumscribed area, as if a nail had been driven into the skull at that point. It is especially likely to occur in females at the age of puberty.

When headache occurs as a result of cerebral hyperæmia, it affects the whole head. The face is highly congested, the eyes are suffused, the head is hot, and the throbbing of the carotid arteries becomes perceptible to the eye. The pain is often of a lancinating or throbbing character, aggravated by motion, light, heat or mental labor. It is generally relieved by rest, with the head in an elevated position. In case of passive cerebral congestion, it is associated with mental torpor and disposition to sleep. Organic heart diseases, by producing irregularities in the cerebral circulation, are a frequent cause of headache.

Gastric, hepatic and intestinal disorders frequently give rise to headache, the characteristics of which are so well known as to require no description from *mé*. The coated tongue, the loss of appetite, the constipation are familiar to all.

Uterine diseases likewise give rise to pain in the head, which is more frequently felt on the vertex than elsewhere. Sometimes it is the result of general anæmia consecutive to these disorders, such, for example, as that produced by a profuse, long-lasting leucorrhœa.

Headache is also a common ailment in individuals addicted to the use of alcohol, opium, chloral and other enslaving drugs. In itself, this headache presents no special points to distinguish it from those arising from other causes.

It now remains for us to speak of pain referred to the parts about the ear. When pain occurs in the ear, it is generally symptomatic of some inflammatory condition in the middle or

external ear. These inflammatory troubles, briefly, are acute catarrhal and acute purulent otitis media, and circumscribed and diffused otitis externa, and periostitis affecting the auditory canal. In the first-named of these troubles,—acute catarrhal otitis media,—the pain is not necessarily of a severe character, neither is it always constant. It is usually aggravated at night. Sometimes the pain is of a darting character, extending from the throat into the ear, and is aggravated during the acts of sneezing, coughing, and eructation. In acute purulent otitis media, pain of the most severe character is often one of the earliest symptoms. It is usually continuous. Sometimes its severity is so great as to produce secondary fever and brain symptoms. It is only relieved when vent is given to the pent-up discharges by rupture of the membrana tympani. Inflammation of the external ear is characterized by pain, with marked sensitiveness to touch in the inflamed parts. True earache, in which none of the above-named conditions are present, is comparatively rare, and when it does occur, does so usually as a result of disease of the teeth. It is occasionally met with in children during dentition.

Pain in the ear sometimes occurs as a result of irritation in the distribution of the second and third cervical nerves. In such cases the pain is situated in that portion of the pinna supplied by the posterior auricular nerve, namely, the posterior and lower portions. Hilton records a case of chronic earache dependent upon an enlarged gland lying close to the second cervical nerve.

It was my intention, when beginning this paper, to speak of the treatment of the affections herein named, but I have already consumed so much time in the consideration of my subject that to presume further on your patience and generosity would be unwise.

WRITING SPASM OR WRITERS' CRAMP.

BY E. Z. SCHMUCKER, M.D., READING, PA.

(Read before the Hahnemannian Society of Reading, Pa., June 7, 1883.)

As its name implies, this disease represents a form of spasm or cramp, in some manner connected with writing. A disease essentially of the nineteenth century, destined ere long to demand consideration, thorough investigation, and means of relief at the hands of the medical profession.

As yet, pathologists have failed to unravel this most mys-

terious of mysterious diseases. Its importance can no longer be set aside by a mere hypothesis, as it grasps its victims from the very elements of business and professional prosperity. Men and women, in the very prime of life, energetic, ambitious, and useful, with constitutions almost unshaken by the onset of this dread disease; with hopes, plans, and preparations fully matured, attacking and battling the knotty problems of life as though steam and electricity were the motive power; such are its victims. It approaches them by stealth, while in the full glory of their favorite pursuit, viz., penmanship or art—by a sense of fatigue or weariness after a prolonged use of the active muscles, relieved by rest. Soon, however, a sense of stiffness and uncertainty of movement becomes apparent, ceasing at once with the cessation of the act.

If writing, the pen does not do what the will requires—the handwriting becomes irregular and unnatural; the pen must be held more tightly than before, in order to keep it between the thumb and finger; it moves involuntarily from the grasp, compelling a relaxation of the muscles and a renewal of the attempt.

In the early stages, the spasms can be overcome by strong effort of the will, but in the course of a comparatively short time, oftentimes after the lapse of but a few months, if the movements producing the cramp be persisted in, the cramp or spasm will become so intense as to render the muscles affected powerless to perform that particular act. Thus far all other movements of the hand and arm seem to be unaffected, requiring the combined action of the writing muscles to produce a spasm.

The disease, however, is progressive, and will attack any muscles that would be used as a substitute to perform the same acts. Hence it is that patients who invariably resort to different devices to relieve the muscles, such as using the muscles of the arm and shoulder, or writing with the left hand, are foiled on all sides by the progress of the disease, and, instead of the spasm being limited to a special act, it begins to affect similar movements, and becomes far more rapid in its progress. The general health in nearly all cases is excellent, although the disappointments which must naturally attend this miserable disease in frustrating a man's life plans, will oftentimes seriously undermine his nervous system. Dr. J. R. Reynolds, in his *System of Medicine*, reports that he has never met with a single case under the age of thirty. We have met with

two cases in which the symptoms appeared under twenty years of age. Its causes are undoubtedly the too long continued use of a special set of muscles, without rest, together with a highly sensitive nervous organization, and any influence whether mental or otherwise that will tend to weaken the nervous system. The diagnosis is not difficult, as its history will generally reveal its true nature; and we trust that the symptoms herein noted will be sufficient to still further aid its recognition. And now, what prognosis can be given for the relief of these sufferers? All authorities state, that if the case be seen in its earlier stages, relief can be obtained by perfect rest, but if that rest cannot be taken early, the case is hopeless to all medical science. This is certainly a gloomy outlook to place before our unfortunate patients. Why should this be so? Do we understand its pathology? Our authorities say no. Thus far the cerebellum has received a large share of the blame, but the exact locality of the disease and the precise nature of the change in the muscular and nervous systems has never yet been demonstrated. All we do know is the fact that the coördinating power of certain muscles to perform certain acts has been destroyed; and we are told by physiologists that this coördinating power is the result of the will; the cerebrum; the nerve fibres between it and the muscles, together with the nerve ganglia; that of the muscles themselves; the cerebellum as the centre of coördination: also, that of all the sensory nerve fibres, which place it in relation with the organs of special sense, and with the muscles themselves; and, lastly, a healthy condition of the organs of sense, in order that true impressions can be received. The combination of all these organs acting in harmony constitutes a healthy action. In writing-spasm, we have evidence of disease in one or all of these organs. In order to arrive at some definite conclusion as to its pathology, let us examine into the physiological action of muscular tissue where the first evidence of the disease becomes apparent to the patient, and the production and equalizing of the heat of the body. Every muscular fibre when in action excites its arterial capillary circulation which supplies it with oxygen and nutritive principles. The union of the oxygen with carbon produces heat, and a waste in the form of carbonic acid gas; the latter is eliminated from the system by means of the venous circulation through the air-cells of the lungs, while the heat is equalized by means of perspiration eliminated constantly from the whole surface. Thus it is that under violent exertion, though an excessive amount of heat be gene-

rated, the increased perspiration keeps the temperature of the body at a normal standard. In writing, but a few muscles are brought into play, which, with their limited action, are not attended with sufficient exertion to produce increased perspiration; while the production of heat is constantly going on. Thus the heat naturally accumulates in the overworked muscles, and, being a powerful irritant, burns up the muscular fibres, or partly paralyzes their action, and by its presence irritates the nerve filaments, and a sense of fatigue is the result. Rest will restore the normal temperature, but if this over-exertion and over-production of heat be persisted in, the nerve filaments become excessively irritated, the irritation is transmitted to the spinal cord, a reflex action of the same character is returned to the muscular fibres, and writers' cramp is the result. By this course of reasoning, we find a pathology based upon true and well-accepted physiological principles, which, let us hope, may lead to more thorough investigation, a better understanding, and a more successful treatment of the disease, in the near future. So far as treatment is concerned, rest stands paramount, but our experience teaches us that hydropathic treatment in the form of a douche, either cold or hot, or both alternately, to the spinal cord, as well as to the affected muscles, will act at all times as a powerful tonic, and under favorable conditions may become a curative agent. Electricity as hitherto applied has proved worse than useless, and oftentimes a direct injury, and, yet, it would seem to be directly homœopathic to the symptoms of this disease. By its different currents every phase of the disease can be produced, but our knowledge of this subtle fluid, and its curative virtues, is still too limited to apply it so as to obtain its remedial effects. Under these two forms of treatment future generations may expect great results in the cure of writers' cramp. Drug medicine in any form has failed to produce an effect, save to build up general health, although quite a number of our proven remedies have developed conditions of a similar character, and may yet become useful.

CAUSES OF CHOREA, WITH NOTES OF A FEW CASES.

BY MARY BRANSON, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

EVERY physician is aware that chorea is rather an unsatisfactory subject either for study or treatment. Mild cases do not come under the physician's notice with any regularity.

Occurring mostly in children, and causing as a rule little or no suffering, it is passed by unobserved, or if prescribed for, is soon partially relieved, and the treatment becomes irregular or is entirely abandoned. In my own experience, it is only while prescribing for other maladies that I have discovered chorea existing in addition.

In violent and chronic cases, patients are early discouraged and wander from one physician to another, often to meet fresh disappointments. Chorea occurs more frequently in girls than boys, and is peculiarly common to the period between second dentition and puberty. M. Sée says the maximum of intensity corresponds to the tenth year. Frequently disappearing after these difficulties are passed, it shows that the irritation of nerve centres during this period, predisposes to chorea. Dr. Edward Henoeh says that "it is an irritation of the centres of coördination. Many authors, M. Henri Rogers, Trousseau, Meigs, and Pepper, and others, associate it with rheumatism, considering that the deposits on the valves of the heart are the origin of the disturbance. W. A. Hammond says *that is now disproved*. M. Sée goes so far as to state that one half of the cases occur in connection with rheumatism. The English lay especial stress upon the connection between the two diseases, but the Germans attach less importance to it. Vogel says, one argument against this explanation is, more boys than girls have rheumatism, and the reverse is the case in chorea. But it remains yet to be proved whether the first statement is correct. Dr. Da Costa gives it as only one of many causes, for frequently there is no proof of a rheumatic diathesis. Although there may be cardiac complication, detected by a murmur, he says, can it not be from anæmia, or dependent upon spasmodic action of the papillary muscles, the same that is seen in the striated muscles of the face and extremities." Endo- and pericarditis and palpitations accompany chorea, but they generally precede it, and they again are preceded by rheumatism.

Chorea is consecutive to chronic diseases which have produced impoverishment of the blood, or disturbance of the nervous system, as chlorosis, anæmia, tuberculosis, etc. It is not counted hereditary, although, I observe it occurs most in delicate, nervous, excitable children, who have inherited these peculiarities. With this type, it takes only a slight exciting cause to establish the disease, such as terror, injuries to the head, fits of anger or excessive mental effort in the young, sudden drying up of ulcers, and in girls, difficulty in establishment of the menstrual function, a severe illness, etc.

It occurs in the course of or as a sequel to various acute diseases, as pneumonia, eruptive, typhoid, and intermittent fevers, and gastric and intestinal affections. The reverse of this also is the case. A homœopathic physician recently told me of an attack of chorea he had been treating with but little result, when he was called to attend the patient through an acute attack of an eruptive fever. She recovered from the fever, and the chorea has never since appeared.

Defective vision has much to do with chorea. One boy who had suffered severely and long, and had gone to various physicians, and whose parents spared no pains on his behalf, had no farther trouble after being fitted with proper glasses. Again, in case number one, where the eyes seemed to be involved, only a slight hypermetropia was discovered, and glasses to correct this, lightened, but did not entirely remove the distortions. The case was as follows:

CASE I.—Lewis R—, æt. eight; nervous temperament; father died insane, mother is healthy. Family history good. Has had a healthy, outdoor, vigorous life among Pennsylvania hills, until the past two years, which he spent at school. He took eagerly to his books, overtaxed his strength and eyes. He was nervous, even as a baby, starting at any sudden noise. Has dark hair, hazel eyes, sallow complexion, red lips. Appears dull, but this is only his diffidence before strangers; is naturally cheerful and happy. Present trouble noticed in spring of '83. He had two severe attacks of headache, with vomiting. Eyes slightly red and itch. Twitching of muscles of the eyes, nose, mouth and chin, more marked about the right eye, where the twitching was first observed. He says they twitch because they itch. The pupils are widely dilated and respond slowly to the action of light. He has poor digestion, stubborn constipation, and attacks of soreness across abdomen. He is irritable and sullen, will burst out crying and leave the room if his twitching is alluded to. Complains of feeling tired, especially in the early morning. Jerking of his body at night hinders his getting to sleep for a long time, but his sleep is quiet. His remedies have been Puls., Nux., Sulph., Coloc. and Ign., with partial relief. Recently he suffered so severely with abdominal pains, a physician from West Chester attended him at his home. A note from his mother, received two days past, tells me the doctor says "he has inflammation of the mucous membrane of the bowels, and that the twitching will cease as soon as this difficulty is removed. She states that his sight is all right, and he uses his

glasses irregularly. His twitching is markedly less and affects more the lower part of his face.

CASE II.—H—— D——; girl, aged eight; bright, intelligent, quick to think and act, strong will. Father healthy, mother died of consumption when H—— was two years old. Family consumptive on mother's side. Has lived for past six years in a malarial district. She is nervous, self-conscious; a stranger looking at her, will cause most curious contortions of countenance and irregular movements of hands and feet. The chorea is not severe when she is not the object of attention, but under embarrassment or excitement, muscles about eyes, mouth and nose, twitch violently, and the whole body sympathizes. That the motions are beyond control has been abundantly proved, though they appear to be under the power of the will. They grow less with every year. Her family does not think them sufficient to require treatment. Is this associated with a tubercular diathesis or is it nervous? In infancy, she had frequent colds, but never serious. She has been carefully but indulgently reared, is slight in form, has light hair, blue eyes, and pale complexion.

CASE III.—T—— T——; boy, aged six years; nervous, fretful, restless disposition. Parents living and healthy. Spent first four years of his life in California; since in Philadelphia. Has had good care, but is not a robust child. Has always enlarged tonsils and prominence of cervical and submaxillary glands. Round, fat, rosy face, but is slender and small of stature. Light hair, pale blue eyes, skin looks thin and rough, as if it were chapped with the cold. He often has herpes labialis. Has always been troubled with frequent but not painful urination. Bowels free, with frequent attacks of diarrhoea, of scanty mucous stools, with tenesmus. Voice thick and husky, as if talking through heavy mucus, and with an effort. The twitching is confined to the muscles of the face, mostly about his eyes, and is not influenced by any existing circumstances. His eyes have not been tested, but he shows no peculiarity of vision in his play at home, or kindergarten exercises at school. He has attacks of ulceration of tonsils and palate, speedily relieved by *Mercurius* or *Belladon*. The *Mercurius* has promptly relieved the attacks with the bowels, except in one instance, when *Nux moschata* was required. Under this treatment, he has improved so much, in the chorea as well as in general health, that since March of the present year, he has required little or no treatment.

CASE IV.—E—— S——; girl, aged fifteen years. Parents

healthy; one brother died from Bright's disease of the kidneys in the past year. She lives in a healthy part of New Jersey; goes to school, and until last spring had good health. At that time she strained her back in the effort of saving herself from a bad fall. She has marked twitching of the face, more marked on the right side. Has had it a long time, but cannot remember just when it commenced. The right eye is spasmodically closed and opened, and the face twisted with the chorea. Has not noticed it in any other part of the body. She is tall, very fat, good constitution, florid complexion, happy, easy-going expression, blue eyes, light hair, good eyesight. Her hair is abundant, but the scalp is covered with a thick, dry scurf, amounting in some places to a scab. She is plethoric, feels the heat, and perspires freely on slight exertion. Menstruation regular, but painful; stubborn constipation. Urination frequent; urine dark, fetid, with heavy pinkish or brickdust sediment; greasy film on top. Sometimes the urine is pale and clear. Bad backache since straining her back, until Rhus removed it. Sepia was followed by improvement in all her symptoms, and later, Sulphur has about completed the cure. I saw her September 8th, and she thinks she needs no farther care. The twitching has pretty much disappeared.

CASE V.—A—— R——; girl, aged eight years; chorea of muscles of the face ever since a severe attack of diphtheria, when she was three years old. Her hearing has been seriously impaired since. During this illness she received allopathic treatment, the main remedy being quinine. She has light hair, blue eyes, fair skin, is fat and well developed, but of a scrofulous diathesis. Parents are healthy; father is large and florid, mother small and dark; three sisters and one brother have dark hair and eyes, and bilious temperament.

CASE VI.—S—— S——; boy, aged nine; same type, light hair, blue eyes, good general health, parents healthy. He was troubled for about three months with chorea, causing irregular dilatation and contraction of nostrils very rapidly, and shrugging of shoulders. It soon disappeared after the use of homœopathic remedies.

CASE VII.—L—— H——; girl, aged fourteen years. Very ill during second summer with cholera infantum and dentition. Choreia was first noticed by her dropping articles at the table, and later, other irregular movements of extremities and face developed. She has light hair and complexion, irregular features, is overgrown, slender and awkward in form. Irritable

and self-willed since this affection was observed, which was in her seventh year, and is not a happy disposition ever. Her father is dark, sallow and bilious; mother light and frail. Chorea has gradually lessened in the past year. Last winter, she was suddenly seized with violent pain in the left eye, and inability to bear the light. The right eye sympathized. Her condition was serious; the suffering caused her to lie in a darkened room, and often she would cry with the pain. On examination of the eye, cloudiness of the vitreous humor was discovered and much general inflammation. She was taken to different specialists in both schools, all of highest standing, but her relief has been slow. At present date she is comparatively well, and about to return to school, but her eyesight is not the best, and the chorea is not entirely gone. There was no other than this nervous trouble during the establishment of the menstrual function, which occurred regularly when she was aged thirteen. In reading, she had always appeared "near-sighted," but no other trouble with the eyes had been noticed previous to last winter.

CASE VIII.—S—— T——; aged twenty-four; tall, slender, stooping, always pale; light hair, blue eyes, delicate, sickly appearance. Married and has one child, which is healthy. Parents healthy, but S—— was delicate from childhood. When still a child had chorea severely, followed later by epilepsy. Both these difficulties have disappeared, but the patient is far advanced in phthisis.

One more case I would like to record, and in detail, not because of the chorea, which was scarcely a marked feature, but because it was one of interest, and the questions arose whether it was a case aggravated by mercurial treatment, and whether the chorea was in any way dependent on the mercury taken into the system.

T—— S——; boy, aged five; healthy parentage; an only child; delicate baby, carefully nurtured. He is tall, slender, pale, large head, large deep-seated blue eyes, light hair. Depression beneath lower third of sternum, the size of a hen's egg. When three months old, while at the sea-shore, he was taken with bilious vomiting and diarrhoea, and was brought to his home in Philadelphia, very ill. With small doses of calomel from an allopathic physician, he recovered, but in the following autumn, he had a still more serious attack, treated in the same way. After this, he would have attacks of nausea and vomiting at intervals of from two to six weeks, and continuing for two and three days. They were much more frequent during

the summer. The bowels were not affected except in the first instance; generally there was constipation at the time. A change of air made them lighter and less frequent. For one day preceeding an attack he would be exceedingly irritable and sit about with his thumb in his mouth, looking distressed and not inclined to play. Right cheek red all day. By night-fall, vomiting commenced, and there would not be over fifteen minutes between the spells. After vomiting, he would sink back on the pillow motionless from exhaustion, asking for nothing and looking ghastly. Often for thirty-six and forty-eight hours he would take neither food nor drink. If either were pressed upon him, they were immediately vomited. The physician often thought him dying in these attacks. The first sign of improvement was observed by his asking for something to drink, and soon after he could take food. He rallied rapidly, and in three days, was up and about at play. Lemonade was his first craving when he rallied. The frequent repetitions of these spells gave him a pinched, starved look, with stooping gait, lacking energy and spirit. He looked all head and eyes. His treatment was always the same,—calomel in one-twelfth of a grain doses, with or without soda, taken at intervals of half an hour, until a free action of the bowels occurred, when the powders were suspended. Limewater and brandy were tried, without relief, and were not retained by the stomach.

During the intervals of health, iodide of iron was administered as a tonic, and every care given to his diet. The evacuations after the calomel, were slimy, greenish and dysenteric. The material vomited was first food, then bile, then brown like coffee-grounds. Extremes of heat and cold, any excitement or undue fatigue, produced an attack. He has had no other illness, not even the ordinary children's diseases. In health, he had always a delicate appetite, great thirst, and frequent attacks of "pain in his stomach." Urine dark but normal, bowels regular, tongue red, with moist, dirty coating. He first came under my care February 16th, 1882, with every threatening of one of his spells. In addition to the above symptoms, I noticed his face twitched, and there were irregular choreic movements of extremities, but not sufficiently marked to distress his parents, in the face of his more serious trouble, so they could not tell how long the chorea had existed. He received six powders of *Mercurius vivus*²⁰⁰, to be taken one powder dry on tongue every two hours. The anticipated paroxysm did not occur, but instead, through the night follow-

ing the administration of the powders, he was restless, tossing and groaning in his sleep, and had three large, loose evacuations of the bowels, one of them involuntary, without causing him to waken. The next day, he complained of pain in left side and through abdomen, was languid, and had no appetite. One cheek was bright red, the other pale, and he was feverish. Toward night, he looked pale and sick, and once gagged, but did not vomit. The second night he roused but once, about 2 A.M., and had a large involuntary passage from the bowels, loose and very offensive. He awakened bright in the morning, asked for a drink of milk, wanted to get up, and seemed well all day.

February 27th, he had coated tongue, heavy breath, pain beneath sternum; relief from eating, and from sips of hot water; no attack.

March 31. A drooping day; took no dinner. In the morning, received one dose of *Merc. viv.*²⁰⁹; in the afternoon, took a long nap, awakened feverish and thirsty. Took a drink of lemonade and vomited it immediately, with about a teaspoonful of bile. In the night, he had a free evacuation of the bowels, slept well, awakened bright, and had no further trouble.

May 18th. Dull, hands hot, seemed feverish, no paroxysm occurred. Two ulcers on tongue.

October 6th. He has no recurrence of his trouble, but has spent a healthy summer out of the city. Has a good color, is full of energy, and can stand up for his rights like a man. The chorea has entirely disappeared. Since the *Mercurius* he has received no medication with the exception of *Belladonna* at one time for enuresis, and *Nux vomica* for constipation.

I saw him in June, 1883, and he still has had none of his former trouble; indeed it seems to be almost forgotten, and he revels in excellent health.

DISCUSSION.

DR. FARRINGTON observed that it was nothing new for homœopathists to treat cases according to the symptoms, yet we often fall into the error of giving a remedy to the patient because he is suffering from a certain disease. Dr. Branson's cases were not treated as chorea, but as sick patients, and the result was that a rapid cure of the cases was made. Even such a disease as epilepsy may be cured when the medicine is not directed against the paroxysm, but against the peculiar characteristic symptoms of the patient. *Zizia* is a remedy that may be of use in chorea for the paroxysms themselves,

when they continue during sleep. Sulphate of Zinc is another remedy, particularly when, in addition to the paroxysms, the patient has fidgety legs and feet. The patient cannot get to sleep because he cannot keep his legs still.

DR. DUDLEY indorsed everything that the preceding speaker said. The cases of chorea which he had had to treat, all recovered promptly, but none of them were severe. In infantile convulsions, perhaps more than any other disease, we must take the whole patient into account. As Dr. Conover has said, they come from every assignable cause. We not only must take the characteristics of the convulsions, but also of the pre-paroxysmal symptoms.

DR. GRIFFITH had used Calabar Bean in chorea with good results.

DR. TOOTHAKER alluded to the case of a pig that had convulsions, and which he was called to treat. The animal was lying on its abdomen kicking and twisting. The pig, it appeared, had been fed from a copper kettle well lined with verdigris, and to this the convulsions were attributed. Belladonna was given, and the pig recovered in a few hours. In chorea, Dr. Toothaker's principal remedies were Belladonna and Cuprum. He then referred to a case of epilepsy, in which the convulsions were accompanied by pain at a certain spot on the forehead, on which the patient received a blow when a child. Trephining cured this case.

DR. BARTLETT, speaking of the relation of rheumatism to chorea, doubted if the two diseases had more than an accidental relation. He had had about thirty cases of chorea, of which only two gave a history of pre-existing inflammatory rheumatism, either in the patient or in his family. Rheumatic pains were also inquired for, and occasionally found. Endocardial murmurs were present in about four-fifths of the cases. The murmur generally found was a mitral regurgitant, and this disappeared along with the choreic symptoms, showing that it was not due to endocarditis. Chorea rarely, if ever, occurs in the full-blooded negro, yet inflammatory rheumatism is frequent in this race. Chorea occurs in children, rheumatism later in life. The majority of cases of chorea show a tendency to recur in the spring. Sturges has pointed out the fact that choreic movements occur in those muscles which require the highest degree of education to perfect their coördinating powers, hence the hand is most frequently affected. Fitting the patient for glasses may relieve a local chorea, such as blepharospasmus, but it is doubtful if a case

in which the movements are general can be so benefited. A number of routine remedies have been recommended for chorea, but not one of them can cure even one-fourth of the cases. In answer to a question by DR. MORGAN, Dr. Bartlett said that the uniformity of the disappearance of the cardiac murmur precluded all possibility of its being due to endocarditis; that the weakness of the heart muscle during the disease, might cause a temporary dilatation of the heart, with widening of the mitral orifice, thus rendering the valves incompetent. Another theory proposed to account for the heart murmur, is the lack of coördination between the various fibres of the heart muscle. Both these conditions disappear when the disease is cured.

DR. MORGAN referred to quinine as a remedy for twitching of the eyelids when there is a wandering neuralgia. Teste has recommended Ratanhia for this symptom. Magnesium Phos. is a valuable remedy in brain diseases of children. It will often turn the disease into a favorable channel when all other remedies fail. Nature then completes the work of cure. Since using Magnesium Phos. in these cases, Dr. Morgan had succeeded in curing them all. He would like to ask Dr. Bartlett if the so-called "growing pains" were observed in any of his cases of chorea?

DR. BARTLETT replied that a general inquiry after rheumatic pains of all sorts showed them to be absent in the majority of cases.

CONVULSIONS.

BY T. F. CONOVER, M.D.

(Read before the Homoeopathic Medical Society of the County of Philadelphia.)

OWING to the ease with which the nervous system of infants and young children is excited and irritated, we frequently find a condition of cerebral and spinal irritation existing, the cause often slight, producing violent muscular contractions, which we call "convulsions," or, another condition of affairs, which is termed "internal spasms." In the latter, we may find as an external manifestation simple rigidity of the muscles of the body and limbs, or portions of either, and a fixed "stare" of the eyes, with slight distortion of the face.

We have convulsions occurring in infancy and childhood from almost any cause,—traumatic, inflammatory and reflex,—indeed, in some children, so prone are they to convulsions,

that there appears to be almost no cause for the spasms, except the general predisposition.

Convulsions are the result of irritation of the brain and spinal cord, and are frequently accompanied by loss of consciousness. The symptoms in all cases are somewhat general; yet in the individual cases, there is generally some peculiarity that will lead us to the cause (if that is not already known), or if not to the cause, it will give us indications for a remedy.

We have already mentioned three divisions,—traumatic, inflammatory and reflex. It is my purpose to notice each briefly.

Traumatic.—Sometimes due to injuries received by the contents of the cranium, and especially by the medulla oblongata and spinalis, most frequently from direct injury to the cranium or neck whilst passing through the maternal parts at birth, resulting in “spastic rigidity of new-born children,” which consists of diminution of volition, with tonic rigidity, in varying degrees, of a part or the whole of the body. Both extremities are generally more or less involved.

At first, convulsions are the rule; the spastic contractions are not present or not observed; the convulsions and the question of viability alone occupying the thoughts of the attendants, and the paresis is not observed until some weeks or months after birth, when the child’s limbs are noticed to be weaker than normal, and our attention is called to the condition.

We also have convulsions occurring from bruises, falls, careless handling of children, placing them in the care of irresponsible caretakers (?), who, through indifference and carelessness, allow a child to injure itself by striking itself on the head with hard playthings, or, if the child is troublesome, the nurse may strike it on the side of the head, a process commonly known as “boxing its ears,” a habit we cannot too strongly condemn, whether practiced by mothers or hired servants.

Inflammatory.—In this class, we find all kinds and conditions, from those occurring from simple fever giving rise to cerebral excitement, to those cases of convulsions which accompany the most severe forms of brain and spinal inflammations. With almost any of the diseases incident to childhood, we are liable to have, either as accompanying symptoms or complications, “spasms.” Especially in the beginning of the acute exanthemata, and in the repercussed eruptions, are we liable to meet them, as well as in the direct inflammations

of the brain, spinal cord, and their meninges. Dentition is another period during which children are extremely susceptible to convulsions.

Reflex.—Tetanus Neonatorum and Trismus.—"The predisposition to this kind of spasm only exists in the first period of an infant's life,—from the first to the ninth day, never after the eleventh, most frequently on the seventh." This observation has given rise to the theory that inasmuch as the tetanus of full-grown persons is frequently caused by some mechanical injury, the tetanus of infants might be owing to lesions of the umbilical cord, such as rough handling, pulling or ulceration. Post-mortem examinations have shown that such lesions exist. The umbilical vessels have been found dilated, red, softened, ulcerated, filled with pus, and surrounded with purulent exudation. In some regions the disease occurs only at particular periods, or in consequence of particular influences, such as damp and cold weather, hot summer days followed by cold nights, during the winter and spring months; or in consequence of sudden and violent emotions, chagrin, anger, etc., during pregnancy, or while nursing. Prognosis unfavorable: the nearer to the period of parturition, the greater the danger.

Indigestion, intestinal irritation from worms, etc.; last, but not least, improper diet and medication. From the amount of "trash" that is put in a child's stomach, intended to nourish (?) the child, and the quantity of narcotics and poisons used by kind and loving mothers and aunts, who "don't like to hear the baby cry," we should not be surprised at the number of children who suffer from convulsions from over-feeding and improper diet, but be astonished at the number that recover, and be thankful to Hahnemann that he discovered a system of medicine that is "good for the babies," and trust that we soon shall arrive at the high standard of civilization when the modern mother will feel sufficient love for her young that she will be willing to be a mother to her offspring, and not hire some ignorant, careless servant to occupy the place with *her* child that God intended she should fill; then we will have fewer spasms and convulsions in the household and healthy children.

Of treatment, it is my purpose to say nothing, as we find very few cases of convulsions that are not really the outgrowth of some other disorder, and the cause and symptoms present will, of course, govern the selection of the homœopathic remedy.

Miscellaneous Contributions.

THE PENNSYLVANIA STATE SOCIETY'S MEETING.

REPORTED FOR THE HAHNEMANNIAN MONTHLY.

THE nineteenth annual session of the Homœopathic Medical Society of the State of Pennsylvania was held in the Aldine Hotel, Philadelphia, commencing September 18th, 1883.

The meeting was called to order by Dr. Hugh Pitcairn, the first Vice-President of the society. Dr. Trites, the President of the Philadelphia County Society, then extended a cordial welcome to the guests, assuring them that Philadelphia physicians would do all in their power to make this meeting a memorable one in the annals of the society. Dr. Pitcairn, after responding to Dr. Trites's cordial welcome, introduced the President, Dr. Pemberton Dudley, who proceeded then to deliver his annual address, which included a suggestion for the reduction or abolition of the initiation fee of new members, in the belief that it operates to diminish, as well as to increase the society's income; also, to allow the appointment of any member to but one of the scientific bureaus, and urging that a larger number of such appointments be made; also, that each bureau shall select a specific subject for the "discussion," which shall be also the subject of at least *one* of the "papers" presented, and shall have the subject announced in the Secretary's annual circular.

The "address" then alluded to the evidences of homœopathic progress in the State, as shown by the hospitals, colleges, journals, standard literature, and the increasing number of its practitioners and laymen, and expressed the belief that the hospital and college improvements in Pittsburgh and Philadelphia would give an additional impulse to homœopathic advancement.

The address next refers to the "class legislation," by which all appropriations for medical objects are diverted to the exclusive use of a certain favored class of citizens, while the remainder are left without any such public provision. Particularly is this the fact with reference to the five immense hospitals for the treatment of the insane, with their three thousand beds and their half a million dollars appropriation annually. In relation to this matter Dr. Dudley recommended as follows:

"First. That the next legislature be petitioned to establish and place under homœopathic management, two hospitals for the care and treatment of the insane; one in the eastern and one in the western part of the State.

"Secondly. That the Standing Committee on Legislation be instructed to solicit from all candidates for election to the next legislature, a written pledge

and promise to urge and vote for, and in all practicable ways to favor, the establishment of said hospitals.

"Thirdly. That in case any candidates shall refuse or fail to give such pledge and promise, the committee shall report them to the newspapers and to the homœopathic physicians of their respective districts, and shall urge the latter to use their influence with their patients and friends to secure the defeat of such candidates."

Concerning the subject of Public Health, it was mentioned, that "this society has more than once taken action favoring the establishment of a State Sanitary Board. At the last session of the legislature a bill contemplating the organization of such a board was considered, but failed of final passage. The bill was quite defective in some particulars, and radically so in that it proposed to place in the hands of the board certain control over the practice and practitioners of medicine—a subject not properly within the province of a Board of Health. . . . It might be proper for our Committee on Legislation to secure the draft of a proper bill for this purpose and to petition for its enactment. I would recommend, however, that the committee be instructed to secure the defeat of any bill which proposes to place the licensing or registration of physicians in the hands of a board of medical officers. It is morally certain that such a board would be composed almost exclusively of allopathists, and all recent medical history shows that in the hands of such bodies the professional rights of the physician and the medical liberties of the citizen are not secure. So long as the present sectarianism prevails among medical men, the licensing of physicians is far safer where it now practically is—in the hands of the incorporated medical colleges."

The influence of homœopathy upon allopathic literature and practice was next discussed, the speaker dwelling upon the systematic and premeditated spoliation of homœopathic literature for the enrichment of allopathic text-books. Alluding to the fact that the allopathic code forbids a certain kind of practice, because it is "exclusive," no matter whether it be efficacious or not, the speaker asserted that whatever homœopathic practice might be, the homœopathic law or "dogma" was not itself exclusive. It simply declares a certain general fact of nature, but does not deny or even question the existence of any other fact. Continuing, he said:

"I am not quite done with this subject yet. When it is proposed to unify the schools of medical practice, let me ask how it is possible for the homœopathic school of physicians to be associated professionally with men who hold that medical questions are to be decided, not by the processes of the laboratory and the hospital, but by the methods of the machine politician? According to the allopathic method of deciding certain medical problems, the properties and the habits of the tubercle bacillus, the existence of the invisible corpuscle, the benefits of the antiseptic method and the curative powers of the homœopathic similimum are to be estimated, not by the researches of a Koch, a Norris, a Lister or a Hahnemann, not by the observations of those who honestly and intelligently follow the direction of these discoverers, but by the ballot of a medical society, not one of whose votes would be challenged, even though the voter could not distinguish an eyepiece from an objective, or a steam atomizer from a saw-mill, and not two per cent. of whom could give a correct definition of homœopathy, 'though 'twere to buy a world of happy days,' or to perpetuate their cherished code.

If this statement seems overdrawn, let it be remembered that the right to decide by ballot whether physicians shall prescribe on the principle of similars implies also the right to say whether they shall employ anti-parasitic treatment in consumption or antiseptic methods in surgical operations.

"It will doubtless be asked, has not the New York State Allopathic Society already receded from this absurd and untenable position? I answer No. She has simply extended somewhat the privileges of her members; but she has not surrendered her authority to rescind this action whenever she pleases, nor has she in any way intimated that there is any limit whatever to her arbitrary prerogative. All her members still know that she is their absolute mistress, with power to interfere at any time in their professional relationships.

"It is not pleasant to say these things respecting a sister sect of the medical profession, but in no other way can it be shown in what consists the cause of medical sectarianism, and where the responsibility for its continuance rests. If I have torn away a mask from the face of our opponent, it is only to show exactly against what and for what our school is contending. Let the word go forth to every corner of our State that medical unity is possible at any time, even without unanimity of belief. But let it be equally understood that even with unanimity on purely medical questions, there never will be—there never can be—unity or harmony or peace in the medical profession until the right of one physician to control the medical belief or the professional conduct of any other physician is absolutely renounced and forever repudiated. In our relations with our patients we, as a school and as individual physicians, acknowledge no master save the dictates of conscience and of judgment and the laws of the land, and these only will we obey.

"Fellow-members, it is because of the facts I have thus stated that we are met to-day as a distinct organization of physicians, not only to preach this new medical gospel, but also to defend the liberties of those who accept it. In our deliberations we shall sadly miss the counsels of some who, since we met a year ago, have gone into the more immediate presence of the Master Physician—Ashton, Rousseau, Marsden, Malin, McClatchey. Distinguished among their brethren, learned, faithful Christian physicians, every one. What higher earthly tribute could they merit? So long as their names shall linger on our lips and their memory in our hearts, so long may the influence of their teaching and example be seen in our lives. May this occasion be to us all a season of mutual profit and improvement, and from what we shall gather here may we each be enabled, in the year that is before us, to mitigate pain, to prevent suffering, to avert threatened disasters and to save precious lives. Our mission, as a distinct profession, is of Heaven; our daily work is holy. Let us walk worthy of the vocation whereunto we are called."

On motion of Dr. Willard, the President's address was referred to a committee consisting of Drs. Trites, Willard, and Dufour.

DR. DUDLEY then took the chair. Every member of the Board of Censors being absent, a new board, consisting of Drs. J. K. Lee, Philadelphia, William M. Griffith, and M. M. Walker, was appointed.

After the calling of the roll by the Secretary, Dr. J. F. Cooper, the Treasurer, made his annual report, showing a balance of \$56.41 in the treasury as against sixty-one cents at the same time last year. The report was referred to an

auditing committee, consisting of Drs. J. P. Wood, of West Chester; I. G. Smedley, of Philadelphia; and J. K. Lee, of Johnstown.

Reports were received from the Corresponding Secretary, from the Committees on Publication, Subscriptions, and Legislation, and from the Delegates to the American Institute. These reports were accepted and referred for publication.

DR. R. E. CARUTHERS, Chairman of the Bureau of Organization, Registration, and Statistics, reported that the State Society now numbers 170 active and 16 corresponding members. During the past year five members were lost by death. Two new societies were formed in Beaver and Schuylkill Counties. Three new medical clubs have been organized,—the Hahnemannian Society of Reading, the Philadelphia Medical Club, and the Northeastern Medical Society of Philadelphia. Our college and hospitals are in a flourishing condition.

In the absence of Dr. Childs, Dr. Caruthers read the Report of the Necrologist, consisting of obituary notices of the deceased members,—Drs. L. M. Rousseau, R. J. McClatchey, A. H. Ashton, George W. Malin, and J. H. Marsden.

On recommendation of the Board of Censors the following physicians were elected to membership in the society: Drs. J. R. Horner, L. G. Rousseau, William P. Sharkey, E. Fornias, J. H. Helfrich, T. E. Parker, Josephine Van Deusen, Horace Still, Anna M. Marshall, Eliza H. Lang-McClure, Eliza F. Pettingill, Lora C. Jackson, William W. Van Baun, Mary Branson, A. E. Baker, J. N. Mitchell, E. M. Gramm, T. J. Gramm, M. J. Holben, F. J. Slough, W. C. J. Slough, Richard Burr, P. D. Shemp, H. Knox Stewart, W. C. Powell, Jr., H. C. Wood, Emma T. Schreiner, R. C. Allen, and Samuel Starr.

Drs. William A. Phillips, of Cleveland, H. C. Allen, of Ann Arbor, and E. Hasbrouck, of Brooklyn, were then introduced to the society, and extended the privileges of the floor.

The reports of bureaus now being in order, the Bureau of Obstetrics then reported through the chairman, Dr. Millie J. Chapman, of Pittsburgh.

DR. CARUTHERS'S report consisted of the report of a case of puerperal convulsions, in which the first convulsion appeared about one hour after labor. Gelsemium and other remedies were prescribed. Chloroform failed to check the convulsions until it was administered just at the first manifestations of the prodroma of the attacks. The patient finally

lapsed into unconsciousness, and remained so for twenty-four hours. When she recovered, she had lost the use of the right arm and leg. There was a sensation as if the paralyzed parts were drawn. The urine was retained. It contained no albumen. There was no dropsy. The labor was rather precipitate, and no doubt anticipated the normal date of delivery by reason of the preceding attack of cholera morbus. Dr. Caruthers's experience had been, that most cases like the preceding die.

In the absence of the author, DR. CHAPMAN read a paper on "Puerperal Mania," by Dr. S. W. S. Dinsmore, of Sharpsburg, in which were recorded three cases of this troublesome complication of the lying-in state. Hyoscyamus cured the first case after the failure of Aconite and Veratr. vir. Ignatia and Hyos. were used in the second case.

DR. J. NICHOLAS MITCHELL having been called away from the meeting, Dr. Chapman proceeded to read his paper on "Puerperal Statistics." Among the two hundred consecutive cases reported, Dr. Mitchell had had an unusually large percentage of complicated cases, owing to many of the cases having been seen with other physicians and with the students at the college. There were four cases of placenta prævia. All the mothers and one of the infants were saved. These cases were treated by tamponing the cervix with Barnes's bags, removing the placenta, and delivering the child. In a case in which craniotomy was performed, everything went all right, when the mother got up to go to the bath-room, and fell in a faint and died, owing to embolism of the pulmonary artery. Decapitation was performed in a case of impacted shoulder and trunk presentation. The mother made a good recovery.

The report of the bureau being before the society for discussion, Dr. JOHN C. MORGAN expressed his horror at the idea of taking infantile life. In a practice of thirty years he had never been obliged to take the life of the infant to save that of the mother. He had performed craniotomy in a few cases when the infant was already dead.

There being no further discussion, the bureau was declared closed.

DR. JOHN K. LEE, of Johnstown, being the only member of the Bureau of Clinical Medicine present, at the request of the society, read Dr. W. J. Martin's paper on "Clinical Cases in which unfrequently used remedies were employed." Case 1. A primipara who, after recovery from her confinement, could only urinate when on her knees. Pareira brava cured.

Cases 2 and 3. Pain in the hip and about the sciatic nerve, which was aggravated by motion and relieved by rest. Dioscorea cured, after failure of Bryonia. Case 4. A male patient, æt. 33, was annoyed by a small quantity of urine trickling down the leg after each act of micturition. Picric acid. Case 5. Similar to the last, was cured by Petroleum after Picric ac. had failed. Case 6. A lady contracted cold; cough, with sore chest, scanty menses, rapid pulse, and evening fever; chest sore on percussion; cough was dry, and worse at night; violent eructations accompanied the cough. Phos. failed, but Ambragrisea cured.

DR. LEE also read Dr. Joseph E. Jones's paper on "A Rare Case of Ascites," which required numerous tappings. The total amount of water removed from this case, would fill six barrels. The patient died, but no post-mortem examination was permitted.

The time for adjournment having arrived, the remainder of the Report of the Bureau of Clinical Medicine was laid over until the afternoon session.

Afternoon Session.—The Report of the Bureau of Clinical Medicine was resumed. Dr. CLARENCE BARTLETT read abstracts from his paper on "Locomotor Ataxia." Attention was directed to the etiological relation between syphilis and ataxia. The discrepancies between different authorities on this subject, were spoken of. The speaker did not believe that the true relations between these diseases, were yet understood. Out of fifteen cases under his care, six had had syphilis. In speaking of the diagnosis of the disease, particular stress was laid on the importance of the eye symptoms, the lightning pains, and the absent patellar reflex. None of these symptoms were considered pathognomonic, but their association with each other placed the diagnosis beyond question, even though no ataxia be present. Hydropathic and electrical treatment was recommended in conjunction with the remedies employed. Those recommended were Argent. n., Arg. phos., Zinc., Zinc. phos., Alumina, Gelsem., Silic., Ergot, Phos., Bell., Picric ac.

DR. JOHN C. MORGAN next called the attention of the society to the gluten preparations as a remedy in constipation.

By request of the society, DR. CARUTHERS read abstracts from the Allegheny County Society's paper on "Albuminuria." The first symptom of nephritis noticeable is usually diminution in the amount of urine passed. The urine then becomes opaque, and contains albumen, casts, blood and epithelium. There is tenderness in the renal region, swelling of the eye-

lids in the morning, and finally, general dropsy, which may, in severe cases, cause death by its mechanical effects. In unfavorable cases, the patient passes into a coma. The usual course of the disease is to recovery, but the disease may become chronic. The first symptom noticed in chronic cases is usually cedema, with anæmia and debility without apparent cause. The peritoneum is the first serous cavity to be invaded. Vomiting and occasionally diarrhœa appear. The cerebral symptoms are of the convulsive form. Albumen is large in quantity. Granular kidney may exist for a long while without symptoms. It usually makes itself known by slight albuminuria, with frequent calls to micturition, the specific gravity of the urine being low. Headache, bronchitis, indigestion, retinal, cardiac, and vascular changes appear. The fatal result comes from uræmia. Reference was then made to the lardaceous kidney. In the way of treatment, the diet recommended was milk, gruel, arrow-root, buttermilk and weak broths. Meat in large quantity should be avoided. In the chronic form care should be taken not to interfere with any organ which may be acting for the kidneys. Perspiration should be encouraged. A mild and dry climate is the best. Remedies: Arg. n., Ars., Ars. hydrog., Benz. ac., China, Eup. pur., Hell., Nitr. ac. Dr. Cooper considers Arsen. hydrogen to be our best remedy for renal hæmorrhage.

Dr. Bernard's paper on the "Treatment of Idiopathic Goitre" was read by DR. CARUTHERS. Calc. c., Kali hyd., Spong., and Iodine were among the remedies recommended.

DR. IVINS then read the following abstracts of the paper on "Phthisis" by the Philadelphia County Society:

Pulmonary Phthisis.—There are now three forms of pulmonary consumption admitted to exist,—caseous phthisis, tubercular phthisis, and fibroid phthisis,—all of which tend to produce similar results, viz., consolidation, followed by destruction of the lung-substance, associated with wasting of the blood and the tissues of the body. The symptoms of each form, however, present numerous differences, and for the sake of clearness and convenience, I will take up each variety separately and treat the symptoms accordingly.

Caseous Phthisis.—This form presents three types of cases, which, in order of frequency, are the chronic, subacute, and acute, or phthisis florida. This latter variety should not be confounded with *acute miliary tuberculosis*, which is a febrile affection, due to the deposit generally, through the body, of the gray tubercle-granules, and is a constitutional, not a local disease.

The *chronic variety* comes on so insidiously that it is impossible to tell with certainty when the first symptoms presented themselves. There is a history of repeated colds of gradually increasing severity; each severe cold is accompanied by chilliness, some fever, pains in chest, loss of appetite, and persistent cough, with expectoration of muco-pus. Hæmorrhage in a varying degree, may also be present. After one of these attacks, it is found that instead of the cold getting better, the cough and expectoration increase in severity and persistency; that there is a daily morning chilliness, with an evening rise of temperature, accelerated pulse, and the usual train of symptoms so well known. Well-marked physical signs are now developed in the lungs, and as they progress, the severity of the other symptoms becomes greatly increased, till at last the patient succumbs to the great drain upon the vital forces.

Subacute Variety.—The onset is not so gradual. There is a similar history of a severe cold (catarrhal pneumonia), in an apparently robust individual, with the usual train of symptoms, the patients often being confined to their beds for a week or two, the symptoms go from bad to worse, being interspersed with intervals of repose.

The acute variety is one continuous advancement with no remission of symptoms, or severity of the symptoms. It runs its course in a few weeks. It begins as a catarrhal pneumonia involving the whole of one or part of both lungs. It commences abruptly with chilliness and high fever; associated with these symptoms, are profuse and exhausting night sweats, with intense prostration and adynamia; the emaciation is marked, and the appetite wholly wanting; dyspnoea, cough and expectoration, which is often streaked with blood or is bloody. These symptoms persist and increase in violence, and in a short time, the case necessarily terminates fatally.

Tubercular Phthisis.—The hereditary type of the disease usually comes under this head. These cases begin either by loss of appetite, indigestion, decline in weight, etc., without any physical signs, or an attack of hæmoptysis may be the first symptom. Usually, however, the onset is characterized by a short dry cough, which is rather more troublesome at night, preventing sleep, dyspnoea, pains in chest, increased respiration, with some nocturnal perspiration. The heart's action is accelerated by slight causes, the pulse is soft and compressible. In the beginning, the bowels are constipated, but diarrhoea soon sets in, appetite is poor, and progressive emaciation exists. These symptoms all increase in severity, the

indigestion, cough, expectoration, and night sweats becoming very troublesome. Hæmorrhage is the most alarming symptom to the patient (and often to the physician); it varies from merely streaking the sputa, to quantities sufficient to prove immediately fatal; frequently a quantity of blood is swallowed, entering the stomach, where it is acted upon by the gastric juice, and, when subsequently it is vomited, it has the appearance of hæmatemesis. After the hæmorrhage has been arrested for some days, small-sized blackish clots are expectorated. The hæmorrhage is brought on by paroxysms of coughing, or is due to the prolonged and intense strain which the vessels have undergone. Many authorities, especially followers of the German school under Niemeyer, say that "capillary hæmorrhage, either bronchial or pulmonary, is the cause of tuberculosis." Clinically we admit that hæmoptysis is the initiatory symptom of phthisis to which the attention of the medical attendant may be called, but on close examination, we will almost invariably find that for weeks and months previously, the patient has been gradually losing flesh, has felt unusually weak, that there have been suspicious febrile symptoms, slight cough, etc. Hæmoptysis is due to something already wrong in the lungs, be it tubercular or not; if not tubercle, it is harmless, and probably due to cardiac causes or to some trouble of the general vascular system. As the case progresses, anæmia is marked; there is œdema of the dependent parts, great debility, increased frequency of the pulse but wanting in tone. The urine is more or less febrile in the early stages, and contains excess of the products of tissue destruction; finally it becomes watery and deficient in solids; albumen or sugar may be present. The disease may progress steadily, either rapidly or gradually, from bad to worse, but, as is well known, phthisis, as a rule, does not advance by continuous progress, but by a series of successive invasions, separated by intervals of improvement, followed by exacerbations.

Fibroid Phthisis.—This form of consumption is a disease of matured life, and is extremely rare in patients of less than thirty years. It is the most chronic form, and its early history is that of bronchial catarrh, it being years before the lungs are attacked. The symptoms are about the same as in the other varieties, only far more gradual in their onset.

The complications most frequently met with in the course of pulmonary phthisis are affections of the larynx and trachea, bronchitis, pneumonia (catarrhal) pleurisy, perforation of the pleura with consequent pneumothorax, enlargement of the ex-

ternal absorbent glands or of those of the chest and abdomen, meningitis or tubercle of the brain, tubercular peritonitis, ulceration of the intestines, especially the ileum, fatty or amyloid liver, fistula in ano, Bright's disease in its various forms, diabetes, pyelitis and thrombosis of the veins of the legs.

Diagnosis.—When the disease is well advanced, the abnormal physical signs are usually quite conspicuous, and the recognition of pulmonary consumption presents no difficulty. Besides the mere recognition, it is desirable to obtain, if possible, a correct knowledge of its seat and extent, its stages in different parts of the lungs, and its nature and origin. This can only be acquired by a careful consideration of the history and presenting symptoms of the cases, associated with a thorough systematic examination.

Laryngeal Phthisis.—Under this division of the subject Dr. H. F. Ivins discussed the question whether this manifestation of the disease ever precedes the existence of lung tubercle. He then described the two varieties—acute and chronic—and dwelt particularly upon the differential diagnosis of the disease in its various stages. The treatment, both medicinal and hygienic, was carefully considered, and, in certain instances in which the apparently indicated homœopathic remedies fail to give satisfactory results, he advised local applications as effective aids to the homœopathic remedial action.

This finished the Bureau report. DR. J. K. LEE of Philadelphia opened the discussion by praising the indefatigable industry of the gentlemen representing their county society in the preparation of their paper; but he considered the local treatment recommended as innovations that should be checked, as they were in direct opposition to our law of cure.

DR. MORGAN, like Dr. Lee, had great respect for the gentlemen who understood thoroughly the use of instruments of precision in diagnosis. Still these cases, diagnosed so accurately and for which local treatment is recommended, are, some of them, similar cases to those cured by the earlier homœopaths who had no special knowledge of the disease they were curing.

DR. IVINS replied that he always preferred to cure with the indicated remedy when possible. He had had cases sent to him where good prescribers had failed to cure, and he was obliged to use, in these, local measures.

DR. LEE thought that this was an acknowledgment of the deficiencies of our materia medica; or is it an acknowledgment of the inadequacy of the law of cure?

DR. FARRINGTON considered that it was the duty of spe-

cialists to improve our materia medica in the line of their specialties. To his mind, the homœopathic remedy never failed in its mission of cure.

DR. IVINS agreed with Dr. Farrington, and said that where he could find the true remedy he would not give local treatment.

DR. E. HASBROUCK diverted the discussion to albuminuria by remarking that Fuchsin 2^x or 3^x in his hands never failed to reduce the quantity of albumen in the urine, but that was all the good it did.

DR. BARTLETT asked if the gentlemen present, considered it any more homœopathic to use fuchsine as a routine remedy in albuminuria, than to use morphia in like manner to relieve pain. In either case, we might occasionally make an accidental homœopathic prescription.

DR. HASBROUCK disclaimed any disposition on his part to use fuchsine as a routine measure, as, in the cases just spoken of, he merely administered the remedy for experimental purposes.

DR. IVINS spoke of Graph. and Fluoric ac., as remedies for goitre.

DR. MORGAN said that when, in the later stages of phthisis, œdema of the feet and diarrhœa set in, amyloid degeneration of the kidney was present, as shown by an examination of the urine in these cases.

DR. H. C. ALLEN thought that routine measures in hygiene were no better than routine measures in prescribing remedies. Each patient should be treated according to his case, and not according to the name of his disease.

DR. BARTLETT, replying to Dr. Morgan, said that he had examined the urine, in five cases of phthisis with diarrhœa and œdema of the feet, and had failed to find anything abnormal.

On motion, the discussion on the report of the Bureau of Clinical Medicine was declared closed.

The chairman of the Bureau of Sanitary Science reported that no papers had been received by him. By vote of the society, it was resolved to hold a discussion on the subjects belonging to the bureau.

DR. FARRINGTON spoke of the advantage of leaving the trap off of the main drain of the house. This main drain should be ventilated by a pipe five or six inches in diameter, running up to the roof of the house. If the main drain is trapped, and there is no ventilating shaft, then all the air between the trap and the house is *dead-air*, and is very poisonous. Each water-closet should have its trap or its ventilating pipe.

DR. B. W. JAMES said that it was not only necessary to have good drainage in one's own house, but also to have the neighboring houses well drained, before we can assure ourselves that our hygienic surroundings are perfect. Sewer gases may be forced out of the drain pipes into houses, by the flooding of the sewers with water, through the culverts. This may be assisted by imperfect traps. Health authorities should look after the plumbing. Rules should be adopted by which they shall appoint sanitary engineers. In London and Liverpool, when a tenant rents a house, the owner thereof gives him a certificate of its sanitary condition.

The time for adjournment having arrived, further discussion on sanitary science was deferred until the evening meeting.

The society then visited the Library and Reading Room at 1009 Arch Street.

Evening Session.—DR. B. W. JAMES resumed the discussion by making remarks on the poor ventilation of school-rooms. Frequently the heater and ventilator were on the same side of the room, so that the air came out of the heater and immediately passed upwards and out of the ventilator, without warming the room.

DR. J. F. COOPER said that in the construction of our buildings, we should see that ventilation should be so attended to, that the inhabitants breathe the air in as natural a condition as possible. In some of the buildings in Europe, fresh air is procured by forcing it in by a fan kept in constant motion. Sufficient attention is not paid to the ventilation of public halls. If the air in these should be surcharged with carbonic acid, many who are compelled to breathe it cannot resist the drowsy influences thus engendered.

DR. L. H. WILLARD spoke of impure food and drink. He referred to an epidemic of typhoid fever under his observation which was undoubtedly due to impure milk.

DR. B. W. JAMES said that while in England a year or so ago, he called on Dr. Richard Hughes, who told him of a number of cases of typhoid fever he was then treating, arising it was supposed from drinking contaminated milk.

DR. TRITES thought that, from the discussion this evening, one would be led to believe that to have a house in a sanitary condition was impossible, yet such things were feasible. We should have sanitary inspectors, whose business it is to enforce all sanitary measures in the construction of houses.

DR. A. R. THOMAS said that before we could regulate the

matters under discussion, we would have to understand the causes of disease. It really looks as if the germ theory of disease will answer many puzzling questions.

DR. J. F. COOPER then closed the discussion by making a few remarks; and Dr. A. R. Thomas, chairman of the Bureau of Pathology and Pathological Anatomy, presented his report. But two papers were presented by this bureau, one on the "Pathology of the Blood" by Dr. A. R. Thomas, and the other "On the Arrangement of Living Matter" by Dr. W. C. Goodno. These papers were read and referred for publication. No discussion ensuing, the report of the Bureau of Ophthalmology and Otology, Dr. Wm. H. Bigler, chairman, was declared in order.

DR. BARTLETT, in his paper "On the Etiological Relation between Chronic Suppurative Otitis Media and Brain Disease," contended that disease of the middle ear was liable to be followed by cerebral disease, not by reason of suppression of the original disease, but by extension of the primary inflammation to the brain by continuity of structure.

A paper by Dr. Jos. E. Jones, of West Chester, was then read by title.

DR. PEMBERTON DUDLEY presented, by synopsis, a paper on the "Physiology of the Middle Ear." He explained that, under the received theory that sonorous vibrations are transmitted across the tympanum by the swing of the ossicles, the fact that the ear can appreciate a number of notes at one time, cannot be understood. The additional fact, that destruction of the membrane, with consequent loss of the ossicular function, does not destroy the auditory sense, furnishes strong evidence that the old theory is either entirely wrong or else at least incomplete. His own view is, that sonorous vibrations do not cause movements of the ossicles *in mass*, but oscillatory movements of their *particles* only, and that in all probability most of the vibrations are transmitted through the tympanic *air*, and not through the ossicles at all, the function of the latter being chiefly, and perhaps solely, to "set" or "attune" the tympanic membrane in the first place, and (by pressure of the stapes against the cochlear fluid) the membrane of the "round window" in the second place.

DR. BIGLER read a paper on the "Relation of Ophthalmoscopy to General Medicine," of which the following is an abstract. There are certain general symptoms that depend upon certain conditions of the eyes, and can only be remedied by treatment to these. Such are the headaches and neuralgias

dependent upon muscular and accommodative asthenopia, and relieved only by the use of proper glasses. There are certain diseases of the eye, dependent upon systemic conditions, and therefore to be remedied only by attention to these, as disturbance of the sexual organs. Disorders of digestive organs affect the eye, producing *museæ volitantes*. Serious deterioration of vision often results from disease of the teeth and jaws. Retinal affections sometimes attend chronic liver complaints. Cataract occurs in diabetes, and certain forms of retinitis in Bright's disease. Certain abnormal conditions of the pupil are noticed in various diseases of the nervous system. Retinal hæmorrhage may point to atheromatous bloodvessels, hypertrophy of the heart, or impending cerebral apoplexy. The changes in Bright's disease point so unmistakably to it that the diagnosis can be pronounced even before the onset of albuminuria. Locomotor ataxy can frequently be diagnosed by the ocular symptoms before the staggering gait has occurred. Meningitis is frequently recognized first in the eye. Finally, in localizing tumors, clots and lesions in the brain, the ocular symptoms are of the highest importance.

The report of the bureau was now placed before the society for discussion.

DR. FARRINGTON referred to a case under his observation of a little boy, æt. 12 years, who had a series of nervous symptoms which led his physicians to diagnose brain disease. The fitting of proper glasses cured.

DR. H. C. ALLEN believed that specialists often overdid matters. They will have every third or fifth child wearing glasses. He had seen cases in which specialists had prescribed glasses, and afterwards, when these patients had improved in health under homœopathic treatment, they were enabled to throw glasses aside.

DR. WILLIAM A. PHILLIPS, of Cleveland, Ohio, said that in no disease did the general practitioner more frequently fail in his treatment than in chronic otorrhœa. He is also apt to counsel his patients to let the disease alone. Yet this trouble may go on and produce fatal brain disease. Only recently a professional friend called on him and spoke of his little daughter's case of otorrhœa without apprehension, yet the symptoms were such as to show that brain disease had already set in. That child died in a few days. The sooner the discharge can be cured, the sooner will the patient be out of danger. Dr. Allen spoke of cases cured by the general practitioner. Those were cases in which there was apparent myopia

after the spasm of the muscle was relieved; then there was no necessity for the use of glasses. Myopia of school children is produced only by continually working at close objects. In answer to a question by Dr. Morgan, Dr. Phillips said that the symptoms in the fatal case of otorrhœa, were headache, fever, rigor, tenderness over the mastoid, and beginning stupor.

DR. B. W. JAMES thought that these ear troubles should be cured as soon as possible, for there is great liability of extension of the diseased process to the mastoid cells. In some cases, it is advisable to make local applications.

DR. H. C. ALLEN said that specialists having their attention directed to certain subjects, were apt to run in grooves. Having their thoughts continually directed to the eyes, they were very apt to neglect constitutional symptoms, and apply topical remedies where the general practitioner would cure with his remedies.

DR. BIGLER disagreed with Dr. Phillips regarding the cause of the trouble in the cases wearing glasses referred to by Dr. Allen as having been cured. These were cases of hypermetropia. Weakness in the muscle of accommodation produced by poor health, caused asthenopia. The remedies building up the general health, the asthenopia was cured.

DR. MORGAN said that in some cases the emmetropic eye may be affected with weakness of the ciliary muscle, and may require convex glasses for its relief.

There being no further discussion, the bureau closed, and the meeting adjourned until the following morning.

SECOND DAY—*Morning Session.*—The report of the Bureau of Pædology was called for, and Dr. M. M. Walker, the chairman, responded by reading a paper by Dr. S. F. Shannon on "Gastritis."

A paper on "Hæmorrhage from the Umbilicus," by Dr. J. R. Mansfield, was presented on behalf of the Germantown Medical Society. The paper closed with the report of the case of an infant, five days old, in which hæmorrhage from the umbilical cord set in. Re-ligation of the cord and Hamamelis locally, relieved for awhile. Then styptic cotton, nitrate of silver, compresses, and persulphate of iron were applied, with no avail. At last, a subcutaneous ligature was applied about the umbilicus, but the child soon afterwards died.

DR. VAN ARTSDALEN then read a paper in which he treated fully of the etiology, symptomatology, etc., of cyanosis.

DR. J. C. GUERNSEY read a paper on "Convulsions." The following are a few of the remedies recommended, with their indications: *Amyl nitrite*, unconsciousness, inability to swallow. *Hepar* in cases caused by injury after *Arnica* fails. *Begonia*, cases arising from repercussion of measles. *Camphor*, from suppressed catarrh of the head or chest. *Cuprum*, after the spasm, the child twists and turns until another one comes. *Hydrocyanic acid*, spasms affecting muscles of the face, jaws and back, blueness of the surface of the body. *Platina*, in anæmic children, tonic spasms without loss of consciousness. *Stannum*, convulsions with the cutting of each tooth, worm symptoms. *Stramonium*, spasms better in the light and worse in the dark. *Veratr. vir.*, anæmic subjects from exhausting diarrhœa. *Indigo*, when there is great tendency to frequently recurring spasms.

Papers were then read by Dr. E. S. SHARPLESS on "Intestinal Worms," and by Dr. M. M. WALKER on "Intestinal Inflammations."

DR. HASBROUCK, of New York, opened the discussion by remarking that PELLETERINE was his favorite remedy for tape-worm. He knew of no symptom which indicated positively the presence of tape-worm, except the passage of segments of the worm itself. In the treatment of pin-worms, he used injections of salt water followed by inunction of lard.

DR. M. M. WALKER had met with four cases similar to those of Dr. Mansfield, and all proved fatal, and in all, the physician was blamed for not tying the cord properly.

DR. SKEELS referred to endocarditis during uterine life as a possible cause of cyanosis. He believed that convulsions in children are frequently due to mismanagement of the cord at birth.

DR. BETTS spoke of the natural method of separation of the child from the placenta in those cases in which there is no physician to interfere, namely, severing of the cord by violence at a point about three or four fingers' breadths from the umbilicus. This is the point at which we should ligate the cord, and in doing this good silk should be used. He was in the habit of dressing the cord with absorbent cotton in his cases. Some cases of hæmorrhage from the umbilicus, are due to hæmaphilia.

The discussion was then closed. The President next called for the report of the Bureau of Surgery, Dr. L. H. Willard, of Allegheny City, chairman.

DR. JOHN E. JAMES read the records of four cases of carbuncle in which *Hepar* was indicated. The first case was that

of a man, aged sixty years. The carbuncle here was surrounded by indurated spots. The pain was intense. After taking the remedy one day, the pain was relieved; healthy pus was discharged from the carbuncle. The small openings over it became more numerous. The entire slough came away in a week, and in a short time the sore was healed. Hardly had this taken place when a new carbuncle began about six inches from the first. Hepar was given with a brilliant result. The other cases were similar to the above, and were all promptly cured by Hepar.

DR. L. H. WILLARD read a paper on "Bryonia in Injuries of the Spine." He spoke of a lad who received a slight injury to the back, and who was permitted to go about as usual. Four days after the reception of the injury, he could not walk or sit up in bed. The spine was sensitive to a very slight touch. Bell., Arnica and Pulsatilla were given with no benefit. Bryonia was next given, and the improvement was satisfactory. The remedy was discontinued and aggravation set in. Recovery went on after the renewal of the remedy.

DR. McCLELLAND read a paper on "the Radical Cure of Inguinal Hernia." He recommended that an incision be made over the hernial tumor and the hernial sac exposed. Then the hernia is returned without opening the sac if it is reducible. If necessary, open the sac to effect reduction. If it has not been opened, it is invaginated, and the hernial aperture is closed with two or more sutures and dressed antiseptically. If the sac has been opened, it can be removed in whole or in part; stitches introduced, and care taken to secure drainage. Results are more satisfactory when healing by granulation has taken place.

DR. L. H. WILLARD reported a case of subglenoid dislocation of the humerus, in which the patient could, with the hand of the injured side, touch the shoulder of the opposite.

DR. LEFEVER reported an interesting case of a foreign body in the rectum.

DR. JOHN E. JAMES, in discussing Dr. Willard's case of dislocation of the shoulder, said that he presumed that the ligaments of the joint must have been longer than normal to permit of this motion of the hand. In one case of inguinal hernia in which Dr. James had operated and removed part of the omentum, he neglected to take the precaution to stitch the mass in the ring. While a cure was effected, it was only temporary.

DR. McCLELLAND referred to a case of inguinal hernia in

which he removed part of the omentum, but neglected to stitch the omentum in the ring. The case made a good recovery.

DR. WILLARD had used carbolic acid, one to five, to promote rapid suppuration. He did not agree with Dr. James that there were relaxed ligaments in his case of dislocation at the shoulder-joint, as the humerus in effecting reduction went back with a snap. He thought that the explanation of the symptom could be found in the fact that the patient had posterior and lateral curvatures of the spine.

DRS. HASBROUCK, BURR, WALKER, BETTS, DUNNING, JONES, and PHILLIPS, of Cape May, continued the discussion on carbuncle; after which the Bureau of Materia Medica through its chairman, Dr. Pitcairn, reported the following papers as having been presented for consideration by the society.

"A Study of *Piscidia Erythrina*," by Dr. J. C. Morgan; "A Schema of the Proving of *Pierate* of Zinc," by Dr. H. Pitcairn; "Provings of *Jessamine*," by Dr. L. H. Willard; "Provings of *Arctium Lappa*," by the Chester, Delaware, and Montgomery County Society; "Verifications of *Baptisia*," by Dr. Joseph E. Jones; "Verifications of *Lycopus*," by Dr. H. H. Reed; "Verifications of *Pulsatilla* and *Sulphur*," by Dr. R. C. Allen; "The Homœopathic *Materia Medica*," by Dr. I. Lefever; and "Comments upon Remedies for Post-Nasal Catarrh," by Dr. E. A. Farrington.

Of the last-named paper, we give the following abstracts: *Fagopyrum* is the remedy where each exposure is sure to increase the catarrh, with formation of dry crusts and granular-like appearance of the posterior nares and intolerable itching, which the patient tries to relieve by the use of his tongue. *Æsculis hip.*, cold extending into the posterior nares, and also down the pharynx, with dryness and a scraping or burning feeling, mucus drops down and causes choking; hæmorrhoidal complications. *Sinapis m.*, dryness of the anterior nares, and also in the pharynx; dryness of the posterior nares, with slightly lumpy secretion. *Wyethia*, pricking, dry sensation in the posterior nares; granular appearance of the pharyngeal mucous membrane. *Penthorum sedoides*, when there is a continual feeling as though the posterior nares were moist; sensation of fulness in the nose and ears; posterior nares raw, as if denuded. *Osmium*, coryza, sneezing, as if from snuff, larynx sensitive to the air; small lumps of phlegm loosen from the posterior nares and larynx; severe pain in the larynx, worse when talking and coughing. *Teucrium* when there are large

irregular clinkers hawked from the posterior nares. *Cinnabar* when the post-nasal discharge is of a dirty yellow color. *Sulphuric acid* when the discharge trickling down from the nose is of thin consistence and of a lemon-yellow color. *Saponin*, tough, tenacious mucus extending into the larynx. *Quillaja*, cold in the head contracted in warm, damp weather. *Sanguinaria nitrate* when there are rawness and soreness in the posterior nares and hawking of thick yellow, sometimes bloody, mucus. *Antimonium sulph. aur.*, excessive secretion from the posterior nares. In syphilitic cases, we think of *Theridion aurum*, and *Kali hydriodicum*.

It being rather late in the day, discussion on the Bureaus of Materia Medica and Gynæcology, was postponed until the closing session.

In the afternoon the guests took a drive through Fairmount Park, and in the evening attended the banquet, at which Dr. Dudley presided and Dr. J. C. Guernsey acted as toast master. Addresses were delivered by Drs. A. R. Thomas, McClelland, Phillips, Allen, Farrington, Peck, Hunt, and Maguire.

THIRD DAY.—The society was called to order, and discussion on the papers presented by the Bureau of Materia Medica was declared in order.

DR. PITCAIRN narrated the histories of several cases of post-nasal catarrh with offensive discharge, in which *Ant. sulph. aur.* cured.

DR. BETTS spoke in commendation of Dr. Farrington's efforts to bring together the remedies and their indications for certain regional difficulties. These collections may be of use in other ways than that indicated by the author. He referred to the transfer of such indications from the mucous membrane of the larynx and pharynx to that of the genital canal. We have only partial provings of remedies acting on the latter region. We may make up part of the deficiency by the transfer referred to. In this way we may increase our therapeutic resources, and so be enabled to do away with much of our local treatment. The old-school physicians are doing away with local treatment, and constitutional measures are rapidly coming in favor with them. One of their number uses *Actea rac.* and *Pulsatilla*, and another declares that *Ergot* in post-partum hæmorrhage is useless.

DR. H. N. MARTIN did not agree with the last speaker regarding the transfer of indications from one region to another. For instance, *Pulsatilla* gives a thin, milky, corrosive discharge

from the vagina, and a thick, green and offensive discharge from the nose. It may be possible to transfer indications of some remedies, as Belladonna, but not all.

DR. H. C. ALLEN agreed most heartily with Dr. Betts. He made a plea for the cultivation of a purer homœopathy, and the abandonment of local applications and routine in practice, as exemplified in the treating of diseases by name. In closing his remarks he referred to sopping the head with water once or twice a day as a cause of nasal catarrh.

DR. B. W. JAMES used local applications only when necessary. He questioned the propriety of collecting our remedies in domestic treatises, etc. A young physician, instead of studying the materia medica, consults in his work on practice, a certain class of remedies, and he finally begins to think that he cannot go out of that class. His experience did not confirm that of Dr. Betts. Remedies that relieve mucous discharge from the nasal passages are not sufficient to relieve the same character of discharge from other portions of the body.

DR. DUDLEY expressed his doubts concerning the significance of the direction to treat patients and not the diseases. He always thought it was the physician's duty to treat the disease and not the patients. It is our duty to direct our remedy at the unity of the group of symptoms. All the symptoms in the case probably have the same central origin. We have to deal with symptoms as the outward expression of an inward disease. We ought to leave the patient, for the time being, out of sight. Where, however, any dyscrasia exists, that, together with the temperament, etc., must be taken into account.

DR. BETTS, in replying to the remarks of Dr. Martin, said that the milky leucorrhœal discharge is due to the admixture of mucus from the vagina. The discharge from the uterus in such cases is similar to that from the pharynx when Pulsatilla is indicated.

DR. MARTIN'S experience did not permit him to agree with Dr. Betts regarding the ability of Pulsatilla to cure thick, greenish discharges from the uterus.

There being no further discussion, the report of the Bureau of Gynæcology was called for.

DR. BETTS read extracts from the paper on "Laceration of the Cervix," by the Lehigh Valley Homœopathic Medical Society.

DR. B. W. JAMES opened the discussion by remarking that the men who cut the cervix years ago are the ones who to-day advocate the sewing up of these lacerations.

DR. SMEDLEY said that, in order to cure our patients, we must frequently employ local as well as constitutional means. From an extensive experience among allopathic gynecologists, he had observed that they cure the *local* conditions quicker than we do, but frequently they are unable to relieve the nervous symptoms of the case. We cannot cure these cases with medicines alone. Educated allopaths now individualize their cases of laceration of the cervix, and they now know when to operate and when not. Some cases in which there is marked congestion of the uterus require to be treated by scarification. In other cases the Nabothian follicles must be opened, but with these measures must be combined constitutional treatment. Cases of dysmenorrhœa must be individualized. The cervical canal changes at the menstrual periods. At times it may be impossible to introduce the uterine sound between the periods, yet this can readily be done when the menstrual flow comes on. Hermann's investigations lead him to state that in 50 per cent. of the cases of ante flexion, there is no dysmenorrhœa. Some patients have dysmenorrhœa without ante flexion. In married women with sterility and dysmenorrhœa, stenosis of the cervical canal may be suspected, and dilatation usually effects a final cure.

DR. MARTIN said that he sometimes adopted local measures, but then only the mildest. He then made an eloquent plea for the more thorough investigation of uterine and vaginal diseases by the general practitioner. The eye or throat must receive a thorough examination, but scarcely ever the uterus. Caustics, while they frequently heal erosions, prepare the way for cancer.

DR. McCLELLAND agreed with Dr. Smedley that members of our school neglect too much the local treatment of these cases. There are certain cases in which the manifestations are purely local, and these, constitutional treatment will not cure.

DR. B. W. JAMES said that in many cases lacerations healed of themselves sufficiently to give a good result.

DR. SARTAIN did not believe that as long as we have Cimi-cifuga, we have any need of the scarificator. Regarding the influence of uterine flexions before gestation in causing cervical lacerations, she could not see how this could be. Some cases of cervical laceration can be cured by internal treatment, and others require to be healed by operation.

DR. SMEDLEY did not wish to be understood as recommending scarification as a routine measure, for in truth, it was needed but rarely. Where the ante flexion is marked, the

fundus bends on the cervix, and there will be a place where the circulation is poor. In these cases laceration may occur.

Dr. BETTS closed the discussion by remarking that we should never, in the treatment of a case, be guided by the dictum of another, but we should individualize each case, and do for that case without fear, favor or prejudice, to the best of our ability. Regarding the benefit to be obtained from the repair of lacerations of the cervix, Dr. Betts said that so successful had been the results of his own operations, that no matter who shall proclaim them useless, he should still keep on operating.

The Committee on President's Address then made its report, which was accepted.

During the different sessions, the Board of Censors made supplementary reports, recommending for membership the following gentlemen: Drs. P. O. B. Gause, William P. Mullin, Joseph Hancock, E. E. Davis, William T. Maguire, Isaac Crother, J. H. Reading, S. C. Ross, H. D. Saylor, W. P. Weaver, William Yearsley, Sarah J. Coe, J. W. Coolidge, J. S. Skuls and Samuel Brown.

Drs. H. C. Allen and W. A. Phillips were elected honorary members, and Dr. Richard Hughes, of Brighton, England, a corresponding member.

The resignation of the venerable Dr. A. W. Koch was presented, but was unanimously not accepted.

The resignation of Dr. H. A. Kimball was accepted.

The election of officers for the year 1884 resulted as follows: *President*.—W. R. Childs, M.D., of Pittsburgh.

First Vice-President.—Charles Mohr, M.D., of Philadelphia.

Second Vice-President.—H. Detwiler, M.D., of Easton.

Recording Secretary.—Clarence Bartlett, M.D., of Philadelphia.

Corresponding Secretary.—R. E. Caruthers, M.D., of Allegheny.

Treasurer.—J. F. Cooper, M.D., of Allegheny.

Necrologist.—M. M. Walker, M.D., of Germantown.

Board of Censors.—J. K. Lee, M.D., of Philadelphia; L. H. Willard, M.D., of Allegheny, and Harriet J. Sartain, M.D., of Philadelphia.

It was unanimously decided to hold the next meeting in Pittsburgh. The Allegheny County Medical Society was made the local Committee of Arrangements.

The President announced the Committees and Bureaus (see next page) for the year 1884, and the session then adjourned.

COMMITTEES.

Subscriptions.—Dr. J. F. Cooper.

Legislation.—Drs. H. Pitcairn, A. P. Bowie, J. K. Lee, Philadelphia, J. S. Skeels, J. J. Detwiller, J. A. Bullard, J. B. McClelland.

Publication.—Drs. R. E. Caruthers, J. F. Cooper, C. Bartlett.

Delegates to American Institute of Homœopathy.—B. W. James, E. L. McClure, W. M. DuFour, Samuel Starr, R. C. Allen, L. G. Rousseau, E. Cranch, Samuel Brown.

BUREAUS.

Obstetrics.—H. N. Guernsey, J. C. Guernsey, G. E. Gramm, W. R. Childs, H. Detwiller, D. Cowley, O. T. Huebener, D. Karsner.

Sanitary Science.—James B. Wood, West Chester; J. K. Lee, Philadelphia; W. B. Trites, R. E. Caruthers, E. C. Parsons, J. F. Cooper, J. H. Young.

Clinical Medicine.—J. K. Lee, Johnstown; W. J. Martin, Charles Mohr, H. Pitcairn, W. M. Van Baun, J. Richey Horner, I. Lefever, J. C. Morgan, S. Starr, F. J. Slough.

Ophthalmology and Otology.—C. Bartlett, B. W. James, W. H. Winslow, H. F. Ivins, W. H. Bigler, W. H. H. Neville, Joseph E. Jones, Pemberton Dudley.

Pædology.—C. Van Artsdalen, C. S. Middleton, E. S. Sharpless, S. F. Shannon, M. M. Walker, Lora C. Jackson, Wm. M. Zerns, T. M. Johnson, E. M. Gramm, H. M. Bunting, W. F. Edmundson, John Malin, W. P. Mullin.

Materia Medica.—R. P. Mercer, E. A. Farrington, I. Crowther, R. C. Allen, H. N. Martin, A. Korndœrfer, Eduardo Fornias.

Surgery.—J. H. McClelland, C. M. Thomas, J. J. Detwiller, J. E. James, L. H. Willard, P. O. B. Gause, Edward Reading, W. A. Hassler, W. T. Maguire.

Gynecology.—Millie J. Chapman, H. J. Sartain, B. F. Betts, C. P. Seip, Sarah J. Coe, J. G. Smedley, Emma T. Schreiner.

Pathology and Pathological Anatomy.—W. C. Goodno, A. R. Thomas, J. A. Bullard, C. H. Hofmann, J. N. Mitchell, T. Ellwood Parker, J. H. Helfrich.

Organization, Registration and Statistics.—R. E. Caruthers, *ex-officio*, J. C. Burgher, W. M. Van Baun, F. R. Schmucker, T. M. Johnson.

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
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE STATE SOCIETY MEETING.—The Homœopathic Medical Society of Pennsylvania has had another of its successful annual meetings, a full report of which may be found in this number. The session was declared by some to have been the best the society has yet had. On this point we cannot speak, the Chair, with its duties and its anxieties, being a very unfavorable position from which to decide such a question. Certainly, it can be said that many of the papers were “good,” some of them excellent; that the discussions were, as usual, practical, and based largely upon personal experience; that time was not uselessly frittered away on unimportant topics of business; that harmony and good feeling prevailed, without interruption; that a large accession (forty-six new members) to the society’s strength was secured, and that the attendance was large and steady. On this latter point it may be worth while to state that on at least one occasion, *i. e.*, the evening of the first day’s session, there were over a hundred physicians in attendance, while at other times the number varied from about fifty to nearly or quite a hundred. The aggregate attendance

we have no means of knowing accurately, but it could not have been less than a hundred and fifty. The Park drive seemed to be enjoyed by the seventy excursionists, and one hundred and thirty-five persons sat down to the banquet.

The unanimous election of the entire list of officers for next year was a pleasant feature of the session. This unanimity was spontaneous; no opposing candidates were nominated. Of course, the society was wise enough to hold on to its old treasurer, Dr. J. F. Cooper, and its experienced corresponding secretary, Dr. R. E. Caruthers. It could ill afford to do without either of them just now, when they have been so largely instrumental in bringing the organization up to its present high plane of efficiency and prosperity, and when their skill and judgment are still needed to establish it securely in its present position. Still another delightful feature of the meeting was the presence of so many homeopathic physicians from outside the State. Among these were Dr. Isaac Cooper, of Trenton, President of the New Jersey State Society, with Drs. H. F. Hunt, of Camden, Joseph Shreeve, of Burlington, W. McGeorge, of Woodbury, and E. H. Phillips, of Cape May; also, Dr. Hazbrouck, of Brooklyn, President of the New York State Society, Dr. George B. Peck, of Providence, R. I., Professor W. A. Phillips, of the Cleveland (Ohio) College, and Professor H. C. Allen, of the University of Michigan. The presence of these representative physicians was felt to be a mark of honor. Their discussion of medical topics added not a little to the scientific value of the session, and their geniality and appreciative interest in the society made them numerous warm friends among their Pennsylvania brethren.

Perhaps, the safest estimate of the real success of a medical society meeting is to be based upon the amount and the depth of the permanent interest it awakens among its members and among the neighboring physicians. If this is the fact, we shall be better able to say just how successful the recent meeting was, when we see how many Philadelphians are going to the meeting next year at Pittsburgh.

THE RECORD AND THE HAHNEMANNIAN.—In the July number of the HAHNEMANNIAN we considered somewhat in detail the position of the *New York Medical Times*, relative to sectarianism in medicine.

Relying upon the intelligence and good faith of the editors with whom we exchange, we gave the *Times's* position without quotation marks, and then proceeded, in a sort of ironical and

declamatory style, to describe the terms of peace of such a position.

We were not a little surprised, then, on receiving the *New York Medical Record*, to find a portion of our editorial copied, and so severed from the context as to make us seem to teach the opposite of the truth, and the opposite of the position so long and so fearlessly maintained by the HAHNEMANNIAN.

If the *Record* had quoted from us in full, and then expressed itself in favor of a portion only, we could make no objections; but to garble a quotation, and let it go forth as the teaching of a contemporary, is unjust and dishonest, and savors of political trickery.

We considered the whole affair as so transparent a piece of misrepresentation, that no one would be misled by it; but, as it has been copied by at least two other journals, we take occasion here to condemn it.

We are not surprised that the *London Lancet* has embraced this opportunity to fire a shot at homœopathy; but we are both surprised and indignant that the *New York Medical Times* exultingly copied from the *Record*, knowing that the sentiments it thus ascribed to us were actually drawn from its own pages,—an act scarcely in accord with the customs and requirements of honest journalism.

It has been stated in extenuation that we were not very clear in our phraseology, that we did not carefully distinguish between our own views and those we quoted from the *Times*. Well, we grant the full force of this defence, and admit our language faulty. Still, an honest critic will read the whole of an article before passing judgment, and there can be no mistaking the last thirty-nine of the fifty-seven lines of the editorial on "Peace," from which the *Record* excerpted a portion to suit its own purposes.

THE HOMŒOPATHIC LEADER.—Our readers will learn from our "News" pages, that the publication of the *Homœopathic Leader* has been discontinued, because the editor felt that he could not spare from his regular business the time necessary to respond to the incessant and imperious calls of his editorial office. Of course, Dr. Cowl, the editor, knows his own business best, but there is not the least doubt that the profession will hear of his determination with keen regret. It is sometimes said that we have too many journals, but we probably have not too many good ones, and the *Leader*, in our humble opinion at least, bade fair to be speedily recognized as

among the very best. It certainly displayed editorial talent of a high order.

Everybody knows that homœopathic journalism does not pay. The receipts are not sufficient, in most cases, to warrant any outlay even for the aid of an ordinary clerk. The man who "runs" the journal, is compelled to be editor, sub-editor, proof-reader, reporter, clerk, amanuensis and office-boy, rolled into one. If we had fewer journals, or, rather, if our journals had larger subscription lists, the editors could employ assistants in their labor, and then it would be possible for us to secure and retain the journalistic talent of such men as Dr. Cowl, without involving them in the ceaseless, irksome drudgery, and the loss of precious time, which the editorial function now entails, and we should have fewer occasions to find fault with our journals.

BACK NUMBERS WANTED.—If any of our readers have copies of the April or May issues of this year, which they do not need, and will mail them to our business manager, he will send them thirty cents for each copy, together with his thanks. He is also anxious to secure copies of the numbers for December, 1873, August, September, and October, 1876, and February, 1878.

Notes and Comments.

PACINI, the celebrated anatomist, died recently at Padua.

THE BRITISH MEDICAL ASSOCIATION contains over ten thousand members.

TOO MUCH HYGIENE.—A school teacher at Winnepeg was dismissed recently because he insisted on ventilating the school-house in mild weather, and while his scholars were suffering from confined air.

HON. THOMAS HOYNE, father of Prof. Temple S. Hoyne, M.D., of Chicago, lost his life recently by a railway accident. He was Vice-President of the Board of Trustees of Hahnemann College, of Chicago.

SARATOGA FOR HEALTH.—Malaria and mosquitoes are unknown in Saratoga—happy Saratoga—the air is electric and bracing, the climate mild. Summer days are comfortably warm in the sun, but it is always pleasant in the shade and at night.—*New Remedies*.

COMFORT FOR THE VIRTUOUS.—Prof. Erb, from extended study, concludes that syphilis is such an important factor in the etiology of *tabes dorsalis*, that scarcely any one who has not had syphilis or a chancre has a chance of becoming tabetic.—*Med. Times and Gazette*.

MEXICAN REMEDIES IN TYPHOID FEVER.—The Medical School of Mexico has offered a prize of \$500 for the best essay on *Simaba cedroni*, for the purpose of determining its usefulness in typhoid fever. A similar prize is offered for an essay upon the use of *pulque* in the same disease.

DANGEROUS PAPER.—According to the investigations of Dr. Henry Leffmann, the colored papers commonly used in kindergartens are not all of them free from poison. The blue papers contain ultramarine; the yellow, lead chromate; but the red contain a large amount of arsenic.—*The Polyclinic*.

A DRUGGIST SENTENCED.—Lacomb, who fraudulently substituted Sulphate of Cinchonidine for Sulphate of Quinine has been sentenced to undergo one year's imprisonment, and to pay a fine of fifty francs, as well as the cost of advertisements of the judgment in a dozen French journals.—*Med. Record*, September 8th, 1883.

HASTENING ANÆSTHESIA.—If the ether spray is directed against a part of the surface of the body until the skin assumes a purplish hue, and then a slight prick is made with a needle, the reflex action excited causes a constriction of the bloodvessels, and thus a hastening of anæsthetic action.—*Revue Médicale*, 1883.

CHOLERA IN EGYPT during the present visitation has carried off, up to September 1st, 27,318 victims. The percentage of mortality among the British troops quartered in Egypt has been remarkably low, as compared with that among the native population; due, beyond doubt, to the difference of food and to general sanitary precautions.

CONGRATULATIONS.—W. L. J., reporting for the *N. E. Medical Gazette*, the proceedings of the recent meeting of the American Institute, thus concludes:

The President, Dr. B. W. James, is to be congratulated upon the very able way in which he filled the position of presiding officer. His rulings were impartial, and he kept the members strictly up to the work in hand.

INVENTOR OF THE TELEPHONE—According to Prof. S. P. Thompson, Johann Phillipp, not Bell, is the original inventor of the telephone. Phillipp in 1860-61 discovered the electric transmission of speech, using devices similar to those now so familiar to all. If this is true, it may seriously affect the existing monopoly, a fact of pecuniary interest to the public and of pecuniary anxiety to telephone stockholders.—See *Popular Science News*.

DEATH OF LOUISE LATEAU.—It is announced that Louise Lateau, the stigmatisée of Bois d'Haine Belgium, died recently at the age of thirty-three. She was born January 30th, 1850, and her ecstasies and stigmata have been the subject of a vast amount of theological and medical discussion. Three times every Friday she fell into an ecstasy or "trance," her body assumed various attitudes of devotion, blood flowed from the stigmata in the hands, feet and brow, and from a point between the shoulders. The claim of the ecstatic, that for years she took no food, was amply disproved.

THE CAUSE OF NASAL CATARRH.—Dr. Motell Mackenzie, after his visit to America, contributed an article to the *British Medical Journal* in which he asserts that the prevalence of post-nasal catarrh here is due to the inhalation of dust. He considers that many of our roads and streets, especially the latter, are worse than the most neglected of Europe, and that from them arise clouds of fine sand, alkaline powder, and decomposing animal and vegetable matters. In many cities, he adds, the functions of the scavenger are quite unknown.

We think the last statement, so far at least as Philadelphia is concerned, is not literally true. We have a faint recollection of once seeing two men and a boy with a cart cleaning Market Street. Why will not foreigners observe more accurately before criticising?

"STATE MEDICINE"—We know of few terms better adapted to excite the repugnance of thinking physicians than this. To the American mind it is almost as great an abomination as "State Religion" or "State Church." It has come into quite common use of late and those who use it so glibly, generally mean by it something widely different from what the words really express. The State's care of the public health is not "State Medicine" any more than her guardianship of public morals is "State Religion." If, however, certain individuals could bring the term into such general use as to make it available in establishing a *real* State medicine, as some countries have established State churches, they would not hesitate to do so. It should therefore be the aim of all honest physicians to discourage this improper use of the phrase, and no writer or speaker in deliberative assemblies should be allowed to use it without being forced to give at the same time his views of its exact signification.

New Publications.

A COMPEND ON MATERIA MEDICA AND THERAPEUTICS, WITH REFERENCE TO THE PHYSIOLOGICAL ACTIONS OF DRUGS. By Samuel O. L. Potter, A.M., M.D. Published by P. Blakiston, Son & Co.: Philadelphia, 1883.

The allopathic Materia Medica could not, it seems to us, be better expressed in a compend, than it is by Dr. Potter in the book before us. Compiling and condensing from the most liberal-minded and advanced writers of the old school, he presents for convenient reference and study their best thoughts in therapeutics and in the physiological effects of drugs.

Whatever views we may entertain of the importance and value of such studies, certain it is that they are popular, and so must form a part of the reading of all who desire to keep up with the times. And the busy student and the hurried practitioner can find no book in which these studies are more concisely given than in this compend. F.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Ziegler, of Tübingen. Translated and edited for English students, by Donald MacAllister, A.M., M.B. The July issue of Wood's Library for 1883.

This book is divided into seven sections, and the sections into a total of thirty-two chapters. The first section is devoted to malformations; the others to anomalies in blood and lymph, retrogressive and formative disturbances of nutrition, inflammation, inflammatory growths, tumors, and parasites, respectively.

The book commends itself, not because it contains anything new—though it is up to the times in every respect, even into the bacteria theories—but because it is clearly and tersely written, freed from all useless theorizing, and, moreover, has the rare merit of being well translated into English. There are numerous additions by the translator.

Among the especial features of the work are the articles on septicæmia

and on tubercle, in which the advanced views concerning bacilli and the bacterial origin of infective diseases are fully considered.

It will probably be a disappointment to many that this book is substituted for one of the original list for 1883—not because it is an unworthy intruder, but because it necessarily displaces some expected work. We hope it will not crowd out vols. iii. and iv. of *Tidy's Legal Medicine*. Those who subscribed for the first two volumes last year and for the other two this year, should not be disappointed and left with an unfinished work. F.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1883, vol. xviii. L. E. Keyser & Co., Havana, N. Y.

The above-named volume is composed of the papers and addresses read before the New York State Society at its meeting held in September, 1882, and February, 1883.

Dr. Waldo, in a paper on "Warm Sponge-baths in the treatment of Scarlet Fever," states that in two hundred cases of this disease treated by this method, he has not met with a single case of post-scarlatinal dropsy. This result he attributes to the treatment. As soon as scarlatina is recognized the patient is put to bed. "Have a dish of water as hot as the patient can well bear, and in this dissolve enough baking soda to make it slightly slippery, and sponge the patient all over. Only a small surface should be wet at one time, and when this is dry wet a little more, and so continue till the entire body has been bathed."

Drs. Terry, Hill, and Laird contribute the histories of a few cases, illustrating the value of chloride of ammonia in prostatic disease. The drug was given in ten-grain doses, thrice daily. Under its use cases of inflammation and chronic hypertrophy of the prostate were greatly benefited or cured.

Next follows a paper by Dr. F. F. Laird, on "The Reflex Symptoms of Phimosis." The author, in twenty-four operations for phimosis, performed four of them in cases associated with epilepsy, and three with choreiform symptoms, of which three of the former and all of the latter were cured, and the fourth epileptic greatly benefited. After showing the manner in which reflex symptoms arise from phimosis, Barlow is quoted to the effect that nearly all the boys admitted for hip disease to Charing-Cross Hospital, had congenital phimosis, while in the Evelina Hospital, which is largely patronized by Jews, morbus coxarius is unknown. Dr. Laird himself concludes "that the irritation from congenital phimosis favors the development of hip-joint diseases in two ways: 1. By bringing the joint surfaces into such a position as to favor severe injuries from slight accidents; and, 2. By so deranging both the local . . . and general trophic nerves as to render repair most difficult." While the reviewer believes that an occasional case of phimosis may give rise to reflex phenomena, his experience leads him to differ from Dr. Laird as regards the frequency with which an etiological relation between phimosis and epilepsy, chorea, enuresis, etc., can be shown

to exist. He has never had a case of either epilepsy or chorea in which phimosis was present, although the genital organs of all male children, suffering from these disorders, were examined. Out of one hundred and thirty male epileptics, Echeverria met with sixteen cases of congenital phimosis, and in only two of these did the deformity appear to have a direct bearing on the fits, and in one of these the operation merely palliated—the child finally being placed in an insane asylum. Gowers, who has met with over six hundred cases of epilepsy in the male, does not speak of phimosis as a cause of the disease, although he admits that in some cases, circumcision, by doing away with masturbation, may be beneficial. As regards enuresis, we believe that circumcision will be beneficial in some cases, but in nothing like the proportion of cases that some authors would have us believe. In our own cases cure has only followed the operation in about fifty per cent.

Dr. Laird believes that nearly all if not all cases of hip-joint disease depend upon traumatic causes, to which opinion we must take exceptions. We have seen excision of the hip-joint performed twice for morbus coxarius, and in both instances the patient died some days later from tubercular meningitis. Regarding the influence of phimosis on hip disease we must again differ with the author, notwithstanding his quotation from Barlow, showing the relative frequency of hip disease in Charing Cross and Evelina hospitals. It is a noteworthy fact, that the Jews as a race are long-lived, and are comparatively free from all tubercular troubles. Furthermore, while in Jews phimosis is never a source of reflex symptoms, there is in them a source of genital irritation exerting as evil an influence as would phimosis itself; we refer to the contracted meatus, which is so frequent in individuals on whom circumcision has been performed. While recognizing that genital irritation is occasionally a source of reflex symptoms, our experience will not let us believe that it is so as frequently as Dr. Laird would indicate.

Valuable papers follow by Dr. Talcot, "On Sleep without Narcotics," to which the *Monthly Homoeopathic Review* pays tribute by reprinting it in the August issue, by Dr. Lilienthal on Neurasthenia and its Treatment, and by Dr. Houghton on Ferrum Phosphoricum in Acute Otitis. Dr. Houghton uses Ferrum Phos. in "earache, inflammatory, from cold." "In cold, affecting the throat and extending to the Eustachian tube, it acts like a charm." It is also valuable in acute symptoms arising from mastoid suppuration.

Other notable papers, which space forbids us to mention, appear in the volume and reflect great credit on it. The mechanical make-up of the volume is as abominable as the intellectual is good. In many places words are misspelled, punctuation is bad, and words are twisted out of shape, for all of which we blame the "intelligent compositor."

B.

Gleanings.

A THREE-BARRELLED PENIS.—Luxardo (*L'Union Méd.*) describes a rare anomaly of the penis, which he observed in a young man under treatment for gonorrhœa. The meatus presented three openings, which corresponded to as many distinct urethral canals. The upper one gave passage exclusively to semen, the lower one to urine. The middle tube appeared to communicate with the lower one. The gonorrhœa affected only the two inferior canals.—*N. Y. Med. Rec.*, Aug. 11th, 1883.

A CASE OF CARDIAC ANOMALY.—Dr. Horace Grant reports, in the *American Journal of Medical Science*, a remarkable anomaly of the human heart. In a post-mortem examination of a mulatto girl, sixteen years of age, the right ventricle was found to communicate directly with the aorta; no pulmonary artery was to be seen attached to the heart. The left auricle was normal; the left ventricle presented only one-half the usual attachment of the aorta. In a word, both ventricles opened with equal freedom into the aorta. At the pericardial attachment to the aorta, two arteries were given off, each about one-fourth of an inch in diameter; they passed right and left backward from the front of the aorta, and evidently supplied the blood to the lungs.—*N. Y. Med. Rec.*, Aug. 11th, 1883.

ON A METHOD OF CONTROLLING HÆMORRHAGE IN AMPUTATION AT OR EXCISION OF THE HIP-JOINT.—Dr. Jordan Lloyd proposes the following method, which he has employed successfully in four cases of amputation at the hip-joint. The limb to be operated on should first be emptied of its blood by elevation. A strip of black india-rubber bandage, two yards long, is to be doubled and passed between the thighs, its centre lying between the tuber ischii of the side to be operated on and the anus. A common calico thigh roller must next be laid lengthways over the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upwards and outwards, one in front and one behind, to a point above the centre of the iliac crest of the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band, passing across the compress, occludes the external iliac, and runs parallel to and above Poupart's ligament. The back half runs across the great sacro-sciatic notch, and by compressing the vessels running through it, prevents bleeding from the branches of the internal iliac artery. The ends of the bandage, thus tightened, must be held by the hands of an assistant, placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body.—*London Lancet*.

DISCUSSION AT THE NEW YORK COUNTY SOCIETY ON THE USE OF ANTISEPTICS AFTER LABOR AND ABORTION.—Dr. Munde had made it a rule to inject every puerperal uterus as soon as the temperature rose above 102°, whether the lochia became offensive or not. He had seen the temperature go down and remain down for a while, but again and again he had seen it go up, and finally stay up in spite of the injections. In cases of puerperal septicæmia there is a time when intra-uterine injections not only do no good, but are even positively injurious, viz.: 1. In cases where the lochia are not at all offensive and the seat of infection has already spread to the perimetrium so as to lie beyond the reach of intra-uterine medication; 2, where the injections have been faithfully used for a period of from 48 to 72 hours with little or no benefit. He had known the frequent introduction of the tube to do harm. In a fresh case of puerperal septicæmia his first step was to wash out the uterus, and in many cases with the most gratifying results. Dr. Malcolm McLean had met with cases in which air had been

injected into the uterus with almost fatal results. In some cases, where it may be reported that the uterus had been washed out, investigation shows that the vagina only had been irrigated. Dr. Garrigues believed that the use of antiseptic injections had prevented the occurrence of puerperal fever in his private practice. In fresh abortions, the removal of the secundines followed by a single injection of carbolized water had proved sufficient in his experience. Dr. Wylie thought that a mistake was made in waiting for the appearance of the fetid discharge before using injections, because the uterus might become poisoned in consequence of imperfect drainage, without the appearance of any offensive vaginal discharge.—*Amer. Jour. of Obstet.*

CROTALUS IN MALIGNANT HÆMORRHAGIC SCARLET FEVER.—Dr. J. W. Hayward, of Liverpool, has come to the conclusion that Crotalus is a most valuable remedy in these malignant cases of hæmorrhagic scarlatina, to cope with which there has hitherto been no adequate medicinal agent. He has reported two or three virulent cases, which were successfully treated by him. In one case, the patient was moribund when the Crotalus was resorted to, she having grown worse under all previous treatment. The mode of administration was as follows: The cuticle was removed from the throat with a cantharides blister. To the exposed surface a compress, sprinkled with Crotalus, was applied, and a dose, dissolved in a teaspoonful of water, was dropped on the tongue every half hour. The beneficial effects were apparent almost immediately. The retching, which before had been uncontrollable, ceased at once. Gradually the lethargy, broken only by low moans, changed to a more natural condition of somnolence. The breathing became less labored, irregular, and sighing. The pulse, which had been 160, and scarcely perceptible, fell within twenty-four hours to 120, and all its characteristics were improved. The rash, which had been brown, rough, and scanty, and but faintly visible, came out freely on the body and legs, and was of a purple color. The head, previously thrown upward and backward, assumed a natural position. In the course of twelve hours more, the rash brightened, inflammation and oedema of the tonsils and fauces, which had entirely prevented swallowing, abated so that drinking was accompanied with little or no pain. A favorable prognosis was given, and the progress of the case was so rapid that the patient was well within nine days after the attack. In similar cases he has given Crotalus, with like favorable result.—*New York Med. Journal*, August 18th, 1883. Of course the allopathic journal from which we quote the above, is fully aware that Dr. Hayward is a distinguished homœopathic physician; and it would have been perfectly proper for it to have saved us the necessity of making this statement.—EDS. H. M.

CEREBRAL LOCALIZATION.—From a résumé of forty cases of various lesions of the cerebral cortex, Charcot and Pitres conclude that they prove that there exist certain regions of the brain, the destruction of which is not followed by any permanent motor paralysis. Isolated lesions of the pre-frontal lobes, of the parietal lobes, of the sphenoidal or occipital lobes, do not of themselves necessarily give rise to permanent motor paralysis. The cerebral convolutions, the integrity of which is necessary to the production of voluntary movements in man, are the ascending frontal and parietal gyri, and the paracentral lobule. However extensive the lesion of the cortex may be, if it do not directly, or by compression or irritation in the vicinity, affect the convolutions just enumerated, it will not give rise to motor troubles. In a recent work on localization of the cerebral functions in man, Exner says that the extent of the area of the so-called latent zone is not equal in the two hemispheres. According to this author, the motor zone should be more extended in the left than in the right hemisphere, and the latent zone is, therefore, larger in the right than in the left. The cases

just summarized do not warrant this conclusion. According to Charcot and Pitres, the motor areas in the two hemispheres should be considered as symmetrical. In each side the non-motor zone comprises all the convolutions, except the two ascending convolutions and the paracentral lobule.—*Rev. de Méd.*, and *Phil. Med. Times*.

THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF LEDUM.—After making a few introductory remarks, Dr. Pope refers to the proving of this drug by Dr. Lembke, in which the latter, after taking repeated doses of the tincture, experienced great weakness in the evening, followed by chilliness, which lasted an hour or so, and sufficiently well marked to oblige him to cover himself warmly. Externally the skin was quite cool. He felt also a general trembling of the muscles, with great heaviness of the head, the pulse at the same time being small and rapid. Sleep was restless, attended with confused dreams, and disturbed by frequent calls to painful micturition. There was also boring in the parietal bones, flashes of heat in the forehead, with redness of the face, headache similar to that produced by alcohol, and vertigo. Another prover experienced vertigo all day, even while sitting, and aggravated by stooping; when walking, tendency to fall forwards. Feeling of heat in the head, without thirst, and with pale cheeks and forehead. Deafness of the right ear, seems as if sounds were heard in the distance; noises in the ears, as from the ringing of bells. These symptoms indicate Ledum in cases of Ménière's disease, in gouty or rheumatic subjects, in preference to Salicylate of soda. The headache is generally of a boring character, referred to the frontal bone, sometimes to the left temple or coronal suture. There is some increased secretion of mucus from the eyelids and conjunctiva. The lids are agglutinated in the morning, but are not swollen or red. Lachrymation is increased, and there is some dilatation of the pupil, with slight indistinctness of vision. These symptoms led Dr. Dudgeon to use Ledum in rheumatic or gouty ophthalmia. In rheumatism, Ledum exerts its influence on the osseous tissues. The pains are of a boring character, felt in any of the bones in the body, affecting especially, but not exclusively, the left side. The muscles may be the seat of pain, when we have stiffness affecting the muscles of the neck, back and loins. There is also apt to be a feeling of pressure most marked in the lumbar region, together with occasional sticking pains. Tearing pains are noticed in the anus, together with weary or bruised sensation and boring pains in the joints, momentarily relieved by motion. These symptoms appear in large and small joints, perhaps being more prominent in the latter. They affect upper and lower extremities alike. Tearing pains are remarked in the soles of the feet. An eruption of fine pimples has been observed on the dorsum of the foot; also, severe gnawing itching on the dorsum of both feet, aggravated after scratching, and only allayed after he had scratched the foot quite raw, and aggravated by the heat of the bed. While Ledum produces some degree of chilliness, especially in the back, hands and feet, it excites comparatively little true fever. Nearly all the rheumatic symptoms are worse during rest. Many come on while sitting still, and are relieved by movement. A few have been rendered worse by walking. While the muscular structure is invaded by the influence of this drug, it is the bones of the joints, and particularly of the smaller joints, that bear the brunt of its action. The symptoms above enumerated will be found reflected in many cases of rheumatic gout of the subacute or more or less chronic type. Dr. Pope thinks that Ledum is a remedy which may be given in somewhat material doses. Clotar Müller looks upon the 3d and 6th dilution as tolerably sure remedies for certain rheumatic affections, especially in the sacrum. Teste has pointed out that Ledum is to punctured wounds what Arnica is to contusions, an observation confirmed by competent authorities. It is also of use for bad effects from the bites of poisonous insects.—*Homœopathic World*, August, 1883.

News, Etc.

A MARTYR TO SCIENCE.—Dr. Thiullet, a member of the Pasteur Scientific Mission, sent to investigate the Egyptian cholera, has fallen a victim to the scourge.

REMOVALS.—Dr. George W. Gardiner, from 1713 to 1621 Columbia avenue, Philadelphia.

Dr. S. E. Newton, from Paulsboro' to Woodbury, N. J.

APPOINTMENTS IN MICHIGAN UNIVERSITY.—Dr. Henry L. Obez, of Paris, Ill., has been elected to the Chair of Surgery, and Dr. Newton Baldwin to the Chair of Diseases of Women and Children in the Homœopathic Department of Michigan University.

LEPROSY IN CALIFORNIA.—The small-pox hospital of San Francisco is filled with lepers. The papers of that city advocate the building by the government, on an island, of a lazaretto, where all cases of leprosy throughout the country might be removed.

VACANCY IN THE BROOKLYN HOMŒOPATHIC HOSPITAL.—We are requested to announce that a vacancy exists in the house staff of the Brooklyn Homœopathic Hospital. The place will be filled by competitive examination. Inquire of S. E. Stiles, M.D., Secretary of the Staff, at the hospital, Cumberland street, between Myrtle and Park avenues.

THE ENCYCLOPÆDIA OF HOMŒOPATHIC PRACTICE, as we learn through a circular issued by the publishers, is making steady progress, but the work of preparation is not hurried. All the thirty-six sub-editors have their departments well under way, and some of them have their chapters completed. The work promises to fill, very effectively, a wide gap in our homœopathic literature.

LOCATIONS.—Everett, an enterprising town of twelve hundred inhabitants, ten miles east of Bedford, Pa., is without a homœopathic physician. There are four allopathic doctors in the place.

An excellent opening for a homœopathic physician may be found at Wilksburgh, on the Penna. R.R., just outside the Pittsburgh City limits. Inquire of M. E. Keeble, Wallace St., Wilksburgh, or of A. Schafer, the homœopathic pharmacist of Pittsburgh.

HOMŒOPATHY IN TEXAS.—The homœopathists of Texas are moving to secure homœopathic representation in their State University, and a caustic correspondence on the subject has been had in the *Houston Post*, in which the old and oft-exploded falsehoods about the allopathic school being liberal, catholic, and all that, is once more blown to the winds by a few sentences from some homœopathic writer, whose name we do not know. Our Western and Southern brethren have inscribed on their banner: "No more sectarianism in State Universities," and by this sign they conquer.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY will hold its next meeting at Montpelier, October 17th and 18th, 1883. The following bureaus will report:

1. *Materia Medica*: Dr. O. A. Bemis, Craftsbury, Vt., Chairman. Drs. J. M. Sanborn and James M. Van Deusen.

2. *Obstetrics and Gynecology*: Dr. G. E. E. Sparhawk, Burlington, Vt., Chairman. Drs. H. C. Brigham, F. W. Halsey, and Clara D. Reed.

3. *Clinical Medicine*: Dr. Charles A. Gale, Rutland, Chairman. Drs. Solon Abbott, F. C. S. Sanborn, and J. H. Jones.

4. Surgery : Dr. D. A. Whittlesey, West Randolph, Chairman. Drs. F. Hamilton and M. L. Powers.

5. Psychological Medicine : Drs. H. W. Hamilton, M. F. Hamilton, and Charles Woodhouse.

6. Pædology : Dr. William B. Mayo, Northfield, Vt., Chairman. Drs. F. R. Waugh, and F. E. Steele.

7. Sanitary Science : Dr. S. H. Sparhawk, St. Johnsbury, Chairman. Drs. H. E. Packer and M. D. Smith.

Members of each bureau are requested to confer with the chairman for the subjects to be taken up for discussion at the meeting.

CHARLES A. GALE, M.D., Sec'y.

THE HOMŒOPATHIC LEADER.—We publish the following by request of the editor of the *Homœopathic Leader* :

"As a matter of much regret I have to inform you that the *Homœopathic Leader* has ceased its publication.

"The editor has found the time necessary for the proper management of the journal too great for him to give, unless he devotes much of that which belongs to other work. This, at present, he cannot afford to do.

"The special feature of associated editors, which was designed to remove the principal cause of anxiety on the part of those managing new periodicals, as well as the most frequent cause of their failure, namely, an insufficiency of worthy material, could not provide against what were found to be the interminable details of general editing and publishing.

"The support which the journal has so far received is encouraging, and were the publication continued long enough to test the matter, no doubt is felt but that the position taken, as well as the journal itself, would be fully approved. The ideas which caused its being and which were indicated in its utterances, are still believed to animate the mass of the homœopathic profession. We, therefore, principally regret the stoppage, for the reason that it may seem to indicate a lack of belief, hereabouts, in those truths which, as homœopathsists, we can hardly but uphold. The homœopathy of this region, however, is too stanch, we believe, to be hurt by the demise of an enterprise such as this; while the general cause, on the other hand, is not lacking of able expositors. Trusting that we may yet continue to render service to the truth and the school, if not in so potent a way, I am, with thanks for your encouragement,

"Very truly yours,

WALTER Y. COWL.

"NEW YORK, September 20th, 1883."

OFFICE OF THE CHAIRMAN OF THE COMMITTEE ON LEGISLATION,
AMERICAN INSTITUTE OF HOMŒOPATHY,
1706 Green Street, Philadelphia, July 13th, 1883.

DEAR DOCTOR: This committee, for the current year, is constituted as follows (vacancies will be filled when suitable names shall be suggested) :

John C. Morgan, M.D., Philadelphia, Chairman.

Maine.

J. H. Gallinger, M.D.,	.	.	.	Concord, New Hampshire.
F. W. Halsey, M.D.,	.	.	.	Middlebury, Vermont.
H. E. Spalding, M.D.,	.	.	.	Hingham, Massachusetts.
J. C. Budlong, M.D.,	.	.	.	Centredale, Rhode Island.
C. S. Hoag, M.D.,	.	.	.	Bridgeport, Connecticut.
T. L. Brown, M.D.,	.	.	.	Binghamton, New York.
Clarence W. Butler, M.D.,	.	.	.	Montclair, New Jersey.
Hugh Pitcairn, M.D.,	.	.	.	Harrisburg, Pennsylvania.
William Owens, M.D.,	.	.	.	Cincinnati, Ohio.
A. I. Sawyer, M.D.,	.	.	.	Monroe, Michigan.

Moses T. Runnels, M.D., . . .	Indianapolis, Indiana.
George F. Roberts, M.D., . . .	Chicago, Illinois.
Lewis Sherman, M.D., . . .	Milwaukee, Wisconsin.
Arthur A. Camp, M.D., . . .	Minneapolis, Minnesota.
R. F. Baker, M.D., . . .	Davenport, Iowa.
Philo G. Valentine, M.D., . . .	St. Louis, Missouri.
Charles M. Dinsmoor, M.D., . . .	Omaha, Nebraska.
	Kansas.
Ambrose S. Everett, M.D., . . .	Denver, Colorado.
Tullio S. Verdi, M.D., . . .	Washington, District of Columbia.
C. H. Lawton, M.D., . . .	Wilmington, Delaware.
Elias C. Price, M.D., . . .	Baltimore, Maryland.
J. V. Hobson, M.D., . . .	Richmond, Virginia.
Morgan J. Rhees, M.D., . . .	Wheeling, West Virginia.
	North Carolina.
H. M. Cleckley, M.D., . . .	Charleston, South Carolina.
Frank H. Orme, M.D., . . .	Atlanta, Georgia.
H. R. Stout, M.D., . . .	Jacksonville, Florida.
William L. Breyfogle, M.D., . . .	Louisville, Kentucky.
Lucius D. Morse, M.D., . . .	Memphis, Tennessee.
Wm. J. Murrell, M.D., . . .	Mobile, Alabama.
	Mississippi.
E. A. Murphy, M.D., . . .	New Orleans, Louisiana.
L. S. Ordway, M.D., . . .	Hot Springs, Arkansas.
C. E. Fisher, M.D., . . .	Austin, Texas.
C. B. Currier, M.D., . . .	San Francisco, California.
	Oregon.
	Nevada.
	Arizona.

Many of the above-named gentlemen have already distinguished themselves by energetic and successful efforts to secure the rights of our school under State and national governments. Their membership in this committee forms both a guarantee of vigorous work, and an encouragement to all, to make sure, each of his own field, that our aggregate force may prove irresistible in the forty-eighth Congress; the object of our work being still, as heretofore, the enactment of a law securing our equal rights in the United States medical service, civil, military and naval, from which we are now excluded.

The plan of campaign now most approved, and which will be adhered to for the present, is to separately organize the physicians and laity of *each and every Congressional district of the United States*, so as to bring all possible influence to bear directly, by written or printed petitions, letters, resolutions, etc., upon the member-elect in the said district. The *most important* of all influences is the *political*. In every district live the men who make and unmake Congressmen; these, above all, must and can be rallied to our support. They, in turn, are usually under obligation to certain citizens (sometimes to the physicians themselves), and these citizens must be induced to exert themselves to accomplish the purpose. Not unfrequently, the member himself is a patron of homœopathy; and either on his own account or on that of his *wife* and family, a staunch supporter of our cause. We need, however, *more than support*, in Congress; we must have engineering and *championship*—earnest, acute, persistent. Who shall be our champions?

In other instances one of our physicians may happen to be the chairman, or at least an influential member of a political committee. All these are *levers* which, in season and out of season, directly and indirectly, the district

managers must employ, during vacation, and also during the session, to insure our success. To you, my dear doctor, is committed the work of *organizing* all these forces within your assigned boundaries. To your own good judgment and vigor, will be due the praise of whatever advantage shall be gained.

Much will finally depend upon the coöperation of our friends in Washington, during the session of next winter; but the result is infinitely more to be determined during the vacation of Congress by the immediate neighbors and constituents of members. If their support is not now secured, it may never be, for the ruts of Congressional routine and the inertia of official and social life at the capital, as well as its ancient conservatism in all matters of human progress, soon wear out enthusiasm at best, and never suffer it to be kindled during the term, where it has not previously been lighted. Therefore, now is the time to *secure the pledge of every member*; and thenceforth, by every means, he must be kept in mind of it continually, until our bill has passed both Houses, and been signed by the President. Senators are to be secured in each State by like influences; and the Executive as well. "Political punishment," for indifference or hostility to our just claims, let us hope, will not be needed in any case; but when needed it should be *unsparing*; and to those true men who sustain our cause a corresponding *return of support* is due, one may well say, regardless of party affiliations, at this juncture.

The newspaper press is an essential agency. Every local editor, however large or small his paper, should be fully informed in the premises, and his enthusiasm maintained to the end. The *quid pro quo* is not to be forgotten, "One good turn deserves," etc. Statistics are here very important, particularly those relating to the taxes paid by homœopaths, the public recognition of our school in various quarters, State and other; and those showing the *practicability* of appointment of surgeons of our school; the fact that no jar whatever need follow their entry into service. It is well known that during the civil war many such proved valuable and efficient officers, whose service not only saved numerous lives but failed to create any inconvenience. The small number who might now enter could easily be assigned to duty *where most wanted*, without duplicating the surgeons or the drug-supplies at any one post; and it might as well be understood that all homœopathic drugs proper can, if need be, be easily furnished at the private expense of the surgeon himself, as was done during the late war in various instances; or again, from the "hospital fund," *i. e., the savings of sick men's rations*. Either plan is PRACTICABLE. Further information may be obtained of the Chairman if required.

Dr. Tullio S. Verdi, of Washington, D. C., for years the vigorous Chairman of this Committee, will conduct the work at the capital; and the present Chairman, after consultation with him, desires to adopt his emphatic and urgent suggestion that we must *beware of present failure*, which he believes would cripple our efforts for years to come; and that we must summon public opinion to *demonstrate beyond a peradventure* its approval of, and demand for, our equal recognition in government appointments. The time is fortunate; the Civil Service Reform bill, now a living law, has established the principle of equal rights for all; and it only remains to make the obvious application to physicians, as equal citizens, and to do it with irresistible force, so that neither the Executive, the Senate, nor the House of Representatives will for a moment gainsay or evade it.

Finally, our young men should be urged to a personal test, by duly preparing themselves, and by formal application for examination and appointment. All required information will be cheerfully furnished by the Chairman, and the force of the American Institute of Homœopathy shall be applied to secure justice in every such case.

The following is the text of the joint resolution presented and referred in both Houses of Congress a year ago, and now in the hands of the Senate Committee on Military Affairs (Senate Resolution, No. 96, of July, 1882).

"JOINT RESOLUTION, relative to schools of medical practice in the United States, and to the graduates thereof.

"*Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled,* That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States government, civil, military or naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the government.

"SECTION 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

The Senate Military Committee is composed of Hons. John A. Logan, of Illinois, Chairman; J. Donald Cameron, of Pennsylvania; Benjamin Harrison, of Indiana; William J. Sewell, of New Jersey; Joseph R. Hawley, of Connecticut; Francis M. Cockrell, of Missouri; Samuel B. Maxey, of Texas; La Fayette Grover, of Oregon; Wade Hampton, of South Carolina.

Members of committees having charge of our bill, in both Houses, should receive particular attention, as the fate of the measure is largely in their hands, and dependent upon their recommendations.

MARRIED.—STRICKLER—SHIRK.—At Mount Carroll, Illinois, on August 27th, 1883, by Rev. Edmund Wells, Dr. D. A. Strickler, of Chambersburg, Pa., to Miss Susie R. Shirk, of the former place.

DECEASED.—GOSEWISCH.—September 22d, 1883, at his residence, Wilmington, Del., E. W. Gosewisch, M.D., aged 45 years.

HOMER.—August 25th, at his residence in Germantown, Pa., Horace Homer, M.D., aged 42 years.

OBITUARY.—JAMES H. MARSDEN, M.D.

Dr. J. H. Marsden, one of the most eminent physicians of our State, died at his home, at York Sulphur Springs, on August 27th, 1883. Dr. Marsden was born near New Oxford, Adams County, Pa., on September 25th, 1803. He received his early education in the country schools. He afterwards prosecuted his studies in the Gettysburg Academy, under the tuition of Mr. Cornelius Davis and Rev. David McConoughey. In 1823 he entered Dickinson College, Pennsylvania, from which he graduated in 1825. For years he followed the ministry, but his vocal organs failing him, he took up the study of medicine, and graduated at the Jefferson Medical College. In 1849 he carefully tested homœopathy, and with results which finally converted him. Dr. Marsden's contributions to our literature have always been valuable. He took an active interest in the meetings of the Pennsylvania State Society, at which he was always a prominent figure. At the time of his death he was Chairman of the Bureau of Gynecology.

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THE COMPARATIVE MERITS OF LEADING TESTS FOR ALBUMEN.

BY GEORGE M. DILLOW, M.D., NEW YORK.

(A paper read before the New York Medico-Chirurgical Society.)

THE limitations of old albumen-tests have not been explicitly defined in the books, and new aspirants have arisen within the past year, claiming superiority over the old methods and each other. In England especially, the so-called new tests have aroused great interest, partly by the eminence of their advocates, and partly by their intrinsic value. In the dust raised by the rival claimants, a certain amount of confusion has resulted as to the best tests for clinical work. As the subject is of fresh interest, and I have experimented with the view of satisfying myself, I have ventured to think that a paper upon the comparative merits of the more important tests might prove acceptable.

For clinical purposes, there is no need of introducing questions relative to the various modifications of albumen, to acid albumen or syntonin, alkali albumen or casein, Bence-Jones albumen, paralbumen, paraglobulin, peptone, parapeptone, metapeptone, egg albumen, and perhaps some others. To enter upon elaborate remarks concerning these varying forms of one substance, would obscure the point to be kept in mind. At present such distinctions possess more theoretical than practical importance. The serum albumen of the blood which finds its way into the urine is at bottom the same substance, however modified by other constituents of the urine. There are no known modifications peculiar to albuminuria from hæmorrhage, from pus, from kidney affections, except paraglobulin, which is found in amyloid disease, but which does

not respond to the tests in question. From our present diagnostic standpoint, it is necessary only to know how not to confound the class albumens with the class peptones; for peptones do not indicate disease of the urinary system. To detect with certainty albumen in its minutest quantity, however masked, and not to confound it with other constituents having a different significance, is therefore all that the practitioner now needs. The fine distinctions can be best left to investigators who are yet to work out their bearing upon practical medicine.

As the reactions of serum albumen, marked and unmarked, as they occur in urine, are alone to be considered, it is necessary to premise that experiments performed with egg albumen are not conclusive as to the value of tests. Nor does the serum albumen of blood diluted with water afford a sufficient criterion. The tests should be judged by their response to albumen naturally present in urines of all variations, as they come to us for examination. All my experiments have, therefore, been conducted with urine naturally albuminous, and they have fairly covered the field of albuminuria from many causes, and representing many conditions of urine. Urines normal and febrile, acid, alkaline and neutral, containing all the sediments except leucin, tyrosin and cystin, colored by the various pigments normal and abnormal, albuminuria complicating diabetes insipidus and glycosuria, from tumor of the kidney, from all the forms of nephritis, from pyelitis, from cystitis, from papilloma of the bladder, from abscess of the prostate, from gonorrhœa and leucorrhœa, and from hæmorrhage, represent the conditions mostly to which I have submitted the tests. Collectively they number 150 of which I have records, besides comparative experience with the heat and Heller's method in several hundred others not recorded. Although the experience has been small as compared with that which should finally decide the matter, that is, the experience of the profession at large, still it may be considered as fairly representing the average of albuminous urine.

Substances which coagulate albumen are very numerous, and there can be made no claim of experiment with them all. In selecting tests, I have chosen only such of the old as are considered by common consent the best, and such of the new as are most prominently seeking favor. I have not tried Sodium Tungstate,* as its introducer, Dr. George Olliver, of London, prefers others; nor Trichloro-acetic acid,† because I have been

* London Lancet, Jan. 27th, 1883, p. 139.

† A. Rirate, Pharm. Zeitsch. f. Russi, 1881.

satisfied with the results obtained without it. In venturing to introduce one of my own, which has not been employed by any one else as I am aware, it is as a matter of interest, and not in the expectation that it is absolutely the best.

Nor do I expect that my general conclusions will tally in every instance with individual experiments repeated under other conditions. Methods of manipulation and amount of light may differ, and urine, like everything in nature, has its almost infinite variety. In testing the methods of writers, I have endeavored to follow their descriptions of procedure faithfully, and, if at any time I have departed from any, it has been only after careful comparative trial. The limit of sensitiveness has been ascertained by successive dilutions with Croton-water in glass vessels graduated to cubic millimeters. I have used as my standard of comparison Heller's nitric acid test, the quantity being estimated in all cases by the dilution method of Roberts.* The percentage of albumen stated is, therefore, that of weight, not bulk; and while Roberts's method has been taken on trust, and my results may not correspond absolutely with the method with the balance, it furnishes a sufficient relative means of estimate. In testing, only full daylight as it passed from the window has been employed, the test-tube being held before a black cloth tacked across the pane, so that the light might fall obliquely upon the portion of the fluid whose turbidity was to be determined. With this arrangement, it is surprising how apparent the slightest reaction becomes; without it, it is equally surprising how marked reactions may escape observation. Another essential I have found in a rubber-bulbed pipette. For pouring down the side of the inclined tube will sometimes defeat the reaction where the amount of albumen is small. To detect minute quantities by the ring method, it is necessary to secure nice coaptation of urine and test-fluid, and, with this elongated medicine-dropper, the most perfect control in regulating the flow of fluid is given. With the bulb, the pipette can be instantaneously cleansed, all soiling of the fingers or carpet is obviated, and we have in it, besides, a handy substitute for a filter, the clear supernatant urine being easily withdrawn from the more turbid layers beneath it. Small as the point may seem, I consider this little instrument as essential to delicate testing as it is simple and handy.

In order to bring out in clear relief the merits of new tests,

* Reynolds's System of Medicine, Am. Ed., vol. iii., p. 641.

it will be necessary to first consider the limitations of those now commonly relied upon.

Heat-with-Acid Test.

Generally speaking, under the most favorable conditions, heat-with-acid has a delicacy of about $\frac{1}{50}$ of 1 per cent.; but ineptly performed, its delicacy is far below this. Ordinarily, it requires more precaution than any other test.

For it makes a marked difference whether the acid be added before or after boiling. For example, in a urine containing $\frac{1}{50}$ of 1 per cent. of albumen, addition of acid (either acetic or nitric) before boiling, gave after heating only a faint opalescence, addition of acid after boiling, a thick flocculence which, upon subsidence, measured $\frac{1}{5}$ of the volume of fluid. And in the majority of cases, addition of acid after boiling gives the best results. But Dr. Brown Sequard* describes three specimens of urine, where addition of nitric acid, before boiling, produced coagulation, but none when the acid was added after boiling; and still another specimen, where a second boiling after the addition of acid was necessary to produce a coagulum. And, again, Dr. Tyson† has met urines where boiling and acid added gave no precipitate until the urine had cooled and stood for several hours.

The uncertainty of the test is increased by other sources of fallacy. Too much acid in some urines, and too little acid in others, prevent coagulation. And, if bacteria and mucus in excess be present, acetic acid and boiling deepen turbidity, already existing, in non-albuminous urine. Again, if alkaline urine contain bacteria, epithelia, pus and precipitated phosphates, it requires nice judgment to decide, after the addition of acid, how much the turbidity is lessened, how much of this lessening may be due to solution of the phosphates, and whether the acid added may not be in sufficient excess to dissolve albumen beyond that accounted for by the pus present. And if there has been ammoniacal decomposition, or from other cause carbonates are present, the evolution of carbon dioxide gas obscures discrimination. Such urines may be clarified, but then comes in the necessity of acidulating just enough, requiring care and nice treatment.

There is one variety of urine, in which heat alone, without acid, is very valuable. As phosphates are only thrown down by boiling in alkaline, amphoteric, and weakly acid urine, a

* Brown-Sequard's Archives, March, 1873, p. 281.

† Practical Examination of Urine, 2d ed., p. 86.

turbidity occurring on heating a urine very acid *per se* is very significant. In highly acid urine containing deposits of urates, I have many times observed that boiling will indicate albumen when Heller's nitric acid test, ordinarily twice as delicate, does not react, but when other tests confirm. And, if, to such urine, after producing the cloud by heat, a drop or two of acetic or nitric acid be added, an albumen precipitate may promptly disappear. As this phenomenon is nowhere mentioned, the unique behavior of a remarkable specimen, which I owed to the kindness of Dr. Helmuth, may be worthy of statement. The over-acid urine was from a woman having an abdominal tumor, supposed to be of the omentum or liver, and malignant, and contained biliary pigment, enormous deposits of amorphous urates, undescribed forms of crystals of uric acid and urate of soda, some pus corpuscles, numerous epithelia from the whole genito-urinary tract, especially from the convoluted tubules of the kidney, and hyaline, epitheliated and granular casts. The microscopical examination was confirmed by Dr. Heitzmann, of this city. With Heller's nitric acid and Roberts's brine tests not a trace of albuminous reaction could be obtained, but, upon boiling, there was thrown down a flocculent precipitate $\frac{1}{2}$ in volume, which dissolved promptly upon the addition of nitric or acetic acid. The precipitate examined under the microscope (500 diameters) showed irregular colorless granules, much more highly refracting than the granules of amorphous phosphates, but less refracting than those of fat, which were so identical with the microscopical appearance of albumen, freshly precipitated from other albuminous urine at the time, that they could not be distinguished from each other. To determine further whether it could be composed of phosphates, the supposed albuminous precipitate was separated by filtration, and the filtrate heated with caustic potash; the phosphates then appeared in proper proportion, and were identified as phosphates under the microscope. Not being phosphates or urates (for microscopically and chemically the precipitate differed from them in every respect, and the deposit occurred equally well in the urine from which all the urates had been separated), or yet peptone (for they are *not* precipitated by heat, and react with Roberts's brine test), what could it have been except an anomalous form of albumen? There can be no doubt, then, that there can be albuminuria from severe croupous nephritis in which a modified albumen, easily soluble by acids, can be thrown down by heat, and in which delicate acid tests fail to react.

Heller's Nitric Acid Method.

Nitric acid, either with or without heat, can be employed in such a way as to cause albumen to escape detection down to one-third of one per cent. ; that is, Nitric acid, cold or boiling, will dissolve this amount of albumen in urine, if it be added in equal volume and thoroughly intermingled ; or it may be used cold, by proper methods, so as to discover 0.0034 of 1 per cent. within a minute. Everything then, depends upon the method of employment. The best results are obtained by the method of Heller, as described by Neubauer and Vogel.*

If the urine be clear, Nitric acid is poured into a test-tube to the depth of a half-inch, and the urine is then allowed to trickle *very* gently down the side of the tube which has been inclined to an angle of 45° or more, thus forming a stratum of urine above, a stratum of Nitric acid below. Having obtained sharply separated layers of urine and acid (and the slightest intermingling, except by liquid diffusion, will defeat a delicate reaction), the tube is held before a dark background so that the light may fall obliquely upon the junction-line. If there be albumen, at the junction a white line or band, with sharply defined edges below and above, will appear in less than 45 seconds, provided the percentage of albumen is 0.0034 of 1 per cent. or more.†

There are only two sources of mistake—an excess of urates and the presence of resins. But the urates do not form a zone at the junction, but beginning considerably above the separating line, the cloudiness curls upwards, with dimly formed outlines. This cloud of urates disappears on heating, while albumen does not, and an eye little practiced readily distinguishes between the sharp definition of the solid opaque whiteness of albumen and the cloudiness of urates. If resins, such as copaiba, should be suspected, as rarely happens, a few drops of alcohol will settle the question by dissipating the resinous but not the albumen band. It should be added that, where there is a great excess of urea, a band of crystalline urea-nitrate may form, but its obviously crystalline appearance and its formation only after a few minutes, will prevent any possible confusion.

The albumen band has been described as white. Sometimes

* Analysis of Urine, New York, 1879, p. 96.

† The extreme limit of the reaction is .0014 of 1 per cent., but in urine is not to be depended upon.

it is tinged by various coloring matters; brownish, if the urine be very high colored; brown-red, from blood-coloring matter; rose-red, or violet, if excess of indican; green, if there be biliary coloring matter. But the ring has always opacity and sharply defined boundaries, which is not the case when the coloring matters are alone present.

Thus the detection of albumen with Nitric acid is exceedingly simple in transparent urine. But in turbid urines it is not so simple unless the urine is made perfectly clear and transparent. Whenever the urine cannot be withdrawn perfectly clear by means of the pipette, no matter from what cause the turbidity may proceed, or when I suspect the albumen band may be obscured by the precipitation of urates, I follow Hoffman and Ultzmann's plan* of adding to urine in a test-tube one-fourth its volume of Potassium-hydrate solution (Caustic potash, 1 part; *Aquæ dest.*, 2 parts, by weight), and heating to boiling. The precipitate is then allowed to subside, which takes place in a few minutes. If the supernatant fluid is not then perfectly clear, which does not happen, as a rule, once in a hundred times, a drop or two of the magnesian fluid is added (*Magnes. sulphat.*, *Ammon. mer.*, $\frac{1}{2}$ grams 30, *Aquæ dest.* grams 200, *Ammon. e-pur.* grams 50); when, after a few moments, the clear fluid can be withdrawn by the pipette, and tested as before described. The albumen reaction is then found to be beautifully precise, and, as I have determined by comparative experiment, even more delicate than in urine which is not clarified. In no other way are urates, all sediments, and microscopical bodies so effectually removed from all possibility of confusion. The urates are completely dissolved, the phosphates precipitated, and with them pus, epithelia, etc. The plan of diluting the urine with water, and then testing, does not answer so well, for, if one tests with very cold urine, or adds cold water, several dilutions will not prevent the urates from being thrown down, and there still remain the other causes of turbidity, lessened, but still present. And the use of a urine or wine-glass does not assist materially. In a good light, the test-tube is all that is necessary.

In addition to the other merits of this test, it enables one to approximate the quantity of albumen. According to Hoffmann and Ultzmann, if the zone is faint and feebly white, has no lumpy appearance but is almost transparent, and only visible as a sharply defined band on a black background, hav-

* *Analysis of Urine*, New York, 1879, p. 85.

ing the height of but 2–3 mm. ($1\frac{1}{2}$ –2 lines), albumen is less than $\frac{1}{2}$ of 1 per cent., usually $\frac{1}{10}$ of 1 per cent.* Judging this statement by results obtained by Roberts's dilution method for quantitative analysis, this estimate is much too high. We should rather say less than $\frac{1}{10}$ of 1 per cent., and usually anywhere from .0034 of 1 per cent. to $\frac{1}{50}$ of 1 per cent. "If the zone appears from 4–6 mm. (3–4 lines) high, shows white, opaque, and distinctly recognizable without a black background, and of a flocculent appearance, then albumen is present in $\frac{1}{4}$ – $\frac{1}{2}$ per cent." Our results would indicate $\frac{1}{30}$ to $\frac{1}{5}$ of 1 per cent. "But if, on the addition of the acid, the albumen appears lumpy and flaky, and more or less falls to the bottom, and by stirring with a glass rod the urine becomes of a creamy consistence, then albumen is present in 1–2 per cent., or more." I have found with some specimens of urine (it may not be true of all) that down to about $\frac{1}{3}$ of 1 per cent., upon shaking an equal quantity of Nitric acid and urine, the albumen will completely disappear, but that below this, the description last quoted answers to the fact. However, to judge properly, as Hoffmann and Ultzmann say, the physician must be very familiar with the test to make a satisfactory approximate estimate.

I have occupied your time with such a lengthened description because, from my reading, I find that the superior certainty and delicacy of this method of testing with Nitric acid is not fully appreciated. When we remember that a urine containing $\frac{1}{30}$ per cent. can be diluted with water ten times; one containing $\frac{1}{5}$ per cent., 60 times; and, taking the highest percentage of albumen which I have tested, 6 per cent., 1800 times, and we can yet get a decided reaction, it seems as if one need seek no further. It requires but a few moments, and at the same time we get a clue to the relative quantity of urates, coloring matter, indican, presence of blood, or bile; and if we clarify with KII_2O , we detect sugar by a more reliable reaction than Trommer's, approximate the phosphates, and employ Donné's test for pus.

Yet, at the same time, other tests are to be considered which are twice more delicate, and more uniformly certain. While, in ordinary albuminous urine, Nitric acid, by this method, will detect certainly, as we have said, .0034 of 1 per cent., in very acid urine the limit of its reaction is sometimes less even than that of heat alone; treatment with potash will here, however, enable one, as a rule, to bring the limit up to .0034 of 1 per

* Op. cit., i., p. 87.

cent. But this gives additional trouble, unnecessary with other tests, which are not corrosive, and are therefore more portable.

We now pass to the new tests, arranged in what we believe to be the inverse order of their value:

Roberts's Acidulated Brine.

This reagent was first introduced by Dr. William Roberts, whose statements, in general, bear the test of experiment remarkably well.*

The test-fluid consists of a saturated solution of common salt (NaCl), containing $\frac{1}{10}$ th its volume of dilute Hydrochloric or other mineral acid. It is employed in the same manner as Nitric acid, that is, the reagent is overlayed by urine, a white zone forming at the junction if there be albumen.

The author claims for it, superiority over Nitric acid in that it is more delicate, that it is not affected by coloring matter, and that it does not form a cloudiness with urates. Like Nitric acid, however, he states that it reacts with resins, and that unlike Nitric acid, it reacts with the peptones. To exclude the resins he adds an excess of urine, claiming that the band from albumen will dissolve in an excess of urine, while the resins do not.

Our own experiments do not confirm the claim of equal delicacy. In the many cases in which we have experimented with it, Nitric acid has been found at least twice more delicate. It thus ranks in this respect only with heat and acid. And, while it is less liable than Nitric acid to precipitate the urates, we have found, that, where the urates have been in large excess, the test has been seriously obscured by them, and it is inapplicable to turbid, alkaline urines, which must be acidulated, as must also the urine, which has been clarified with caustic potash; for a band will then be produced in non-albuminous urine, and, for that matter, with caustic potash alone. Again, it is strikingly inferior in enabling one to approximate the quantity of albumen. On the other hand, it may rarely reveal a form of albumen, not to be detected by Nitric acid. We have, however, seen but one such case, a fact which we owe to Dr. Millard—and in this case other reagents were far more sensitive.

My experience would lead me, therefore, to regard the test as superfluous and inferior.

* *Lancet*, October 14th, 1882, p. 613; *Brit. Med. Jour.*, October 28th, 1882, p. 844.

Ferrocyanide of Potassium Test-method.

The power of coagulating albumen possessed by the yellow prussiate of potash has been long known, and employed in testing.

A saturated solution of Potassium ferrocyanide is first poured into the test-tube; a strong solution of Citric acid (3 to 5) is then added to the reagent, and the reagent then overlaid by the urine in the manner previously described. A white ring at the junction will indicate albumen. Where the amount of albumen is exceedingly slight, a haziness only will diffuse itself through the urine.

It will be seen that the test does not exclude the urates, as both Citric acid and the Ferrocyanic acid evolved will precipitate them. In comparative experiments performed with thirty different albuminous urines, we have not found that it revealed albumen when Nitric acid failed. On the other hand, upon diluting with water, the test ceased to react at the same dilution as Nitric acid, thus indicating about the same delicacy. It has, therefore, no special advantage, except that it does not react with the resins, and we can see no other need for its adoption. Ferrocyanide of sodium and the acid can, however, be compressed into pellets, and, as such pellets are non-corrosive and easily carried, they are recommended by Dr. Pary* as furnishing a good, portable, bedside test. We have not experimented with them.

Chromic Acid.

Those who are accustomed to add Chromic acid to urine, for the purpose of preserving it for microscopic examination, will remember that albumen is precipitated. It occurred to me that a 1 per cent. solution of the acid, employed after Heller's ring method, might prove a good albumen test. As the solution has a specific gravity of about 1.002, less than any urine likely to be met, I overlaid albuminous urine with the solution, and discovered that it gave the same opaque, white ring as the previous tests. I found, also, that urine, giving the barest perceptible reaction with Nitric acid, gave a decided ring with Chromic, and that such urine could be diluted twice with water before the reaction became indecisive. Observations upon thirty other urines have confirmed me in the opinion that it is of twice the delicacy of Nitric acid and Ferrocyanide

* Brit. Med. Jour., February 17th, 1883, p. 308.

of potassium, and, therefore, four times more delicate than heat with acid and Roberts's brine tests, and I have not yet met a urine which, reacting with any other test, would not react with this, and none reacting with Chromic acid, which did not also react with tests equalling it in delicacy, that is, with Picric acid and Jauret's tests. It should be said, however, that these latter surpass it slightly in decisiveness of reaction, and are, therefore, a trifle more delicate.

As I have found the reaction to occur most reliably in acid urine, I previously acidify with a few drops of either Acetic or a saturated solution of Citric acid, before overlaying with Chromic acid, and, when the urine has been clarified with caustic potash, it must be well acidulated before applying the test. Otherwise, a ring will form in non-albuminous urine; but, as the same will occur with *all* the more delicate tests except Nitric acid, in this respect the Chromic acid test is on a par with them. I have found that it reacts with urine to which resins have been artificially added, but have performed no experiments with it in urine containing peptones.

The Picric Acid Test.

In 1873, Dr. Gallipi* reported the fact that Picric acid furnished a delicate albumen test. But the method employed—that of adding urine drop by drop to a saturated solution of the acid—was proven by Drs. Bowditch and Tyson† to be less sensitive than heat and acid, and experiments made by me last September confirmed in my mind the opinion of these reliable observers. But the heralding of this old test as a new discovery, by Dr. George Johnson,‡ elicited much discussion in the English journals, and brought out the fact that the acid does not react with alkali-albumen (or albumen in alkaline urine), and that the ring-method of testing gives an exceedingly sensitive reaction, at least twice more delicate than Nitric acid.

The urine first poured into a test-tube is acidulated with either Acetic or Citric acid, and is then overlaid with a saturated solution of Picric acid to the depth of about a half-inch. The ordinary white zone then appears, ascending in the acid. As highly albuminous urine will redissolve the coagulum, care should be observed in not intermingling the Picric acid

* Brown-Sequard's Archives, 1873.

† Op. cit., p. 37.

‡ Lancet, November 4th, 1882, p. 737, and Brit. Med. Jour., March 17th, 1883, p. 504, May 5th, 1883, p. 858.

with the urine too freely, although the same nicety in over-laying is not necessary as with Nitric acid. In fact, a slight admixture of the lowest stratum of the acid with the highest stratum of the urine gives a quicker reaction, which, in any case, is speedy.

Experiments with over one hundred albuminous urines have shown the certainty of the reaction whenever albumen has been present—for I have always obtained the ring, when other tests, as delicate, have reacted—and urine, giving the slightest reaction with Nitric acid, I have, in thirty instances, diluted three times with water, before the Picric acid failed to show albumen.

There can be thus no objection to it on the grounds of certainty and delicacy. But it shows a similar ring with urates, peptones, mucin, and oleo-resins. Heat will clear up the urates and peptones, but not affect the albumen zone. To these very serious objections must be added the fact that the test is of slight service in approximating the quantity of albumen.

Jauret's Test.

The double Iodide of mercury and potassium, or Potassio-mercuric iodide, first introduced by Jauret, of Troyes, in 1873, and subsequently ignored until reintroduced by Dr. Guy Neville Stephen,* has proved, with me, the most reliable, convenient and delicate test, and furnishes besides a means of rapid estimate by the depths of the coagulum, surpassing heat, and for exact volumetric analysis it is more convenient than Fehling's method for sugar.

The reagent is made by adding to an aqueous solution of corrosive sublimate (Mercuric chloride), a similar solution of Potassium iodide, until the red precipitate formed entirely disappears. A very good formula is HgCl_2 , grs. 21, KI , grs. 50, Aqua, $\text{f}\bar{\text{ss}}$ $3\frac{1}{3}$. This answers quite closely to the standard solution for quantitative work, which is as follows:

Kali iodidi,	.	.	.	.	.	3.22 grammes.
Hydrarg. chlor. cor.,	:	:	:	:	:	1.35 "
Aque dest.,	.	.	.	.	.	100. cu. c. m.

One drop of this solution, containing 0.05 cu. c. m., precipitates .005 gramme of albumen.

The qualitative test is thus performed: Urine is first strongly acidified with Acetic or Citric acid. The test-solution of the double iodide is then dropped into the acidified urine, when,

* *Lancet*, October 14th, 1882, p. 614.

if there be albumen, a coagulation will appear, such as is seen with the heat and acid test, and ranging from the faintest opalescent turbidity up to thick flocculum, according to the quantity of albumen. As the specific gravity of the solution is 1.036, the ring-method of testing is more difficult to employ than with other reagents. Nor, for the detection of the minutest traces, is it at all necessary. If ordinary care is taken to allow the reagent to fall in drop by drop, the cloudiness will form and float in the upper layers of the urine, thus furnishing affected and unaffected strata for comparison. Even in very turbid urine a slight increase of cloudiness is thus easily detected, and filtration is rarely necessary. If clarification should be required, caustic Potash can be used as already described, but precaution must be taken to add an excess of acid.

Precautions.—A. The urine must be rendered decidedly acid; otherwise, a compound of urea will be precipitated. B. Alkaloids in the urine give a similar reaction. Heat or alcohol will dissipate the cloud from alkaloids, but not affect that from albumen. Dr. George Oliver,* however, could obtain no reaction in the urine of a patient taking Morphia. But I have found several times that the urine of persons taking Quinine gives a cloudiness, which disappears upon the application of heat. This reaction I have confirmed in urine to which I have added Quinia bisulphate. The cloudiness is uniformly diffused throughout, and does not resolve itself into flocculi. C. Although Dr. Stephen remarks that nothing except albumen and alkaloids give the reaction in acidulated urine, Dr. Oliver shows that peptones will give a white turbidity.† Here, also, flocculi are not formed, and heat immediately clears the opalescence into transparency, which, on cooling, again becomes turbid. Practically, then, if the urine be first well acidulated, and if, in the rare cases when the alkaloids and peptones may be suspected, heat be employed, there is no source of fallacy.

There are two possible errors in the hands of unobservant tutors. Although the test reagent itself does not precipitate mucus or the urates, the acids, especially Acetic, will; but this precipitation will always occur before the addition of the test fluid—if due to mucus, in small, stringy coagula, if due to urates, in a cloud. But the test-fluid does not increase turbidity from either mucus or urates.

* Loc. cit.

† Brit. Med. Jour., April 21st, 1883.

Dr. Stephen* states this test of Jauret does not react with other substances in urine than albumen and the alkaloids. It has been stated that it reacts with the peptones, but with oleoresin of Copaiva in urine I have obtained no reaction. I am not aware of any experiments recorded, which have ascertained the behavior of the test with Bence Jones's albumen (an albumen precipitated by Nitric acid, dissolved on heating, but again separated on cooling), or paralbumen (an albumen separated from urine by the addition of water, but soluble by acids and alkalies), or the paraglobulin of Senator.

From experience with the test in seventy albuminous urines of almost every variety, I have concluded that it is the most convenient, certain and delicate of any of the albumen reagents. It is almost instantaneously performed, and with perfect cleanliness. It reacts always with the ordinary forms of albumen, and the coagulum does not dissolve in either an excess of albumen or reagent, the precipitate being always in proportion to the amount of albumen present. It surpasses heat in enabling one to approximate the amount of albumen by the depth of the sediment, for, if enough of the reagent is used, *all* the albumen is precipitated, which heat does not effect; the Jauret coagulum, in all the cases in which I have compared it, had nearly twice more depth than the heat coagulum. It is more applicable to unclarified turbid urine than any other test. Finally, its delicacy is slightly more than Picric and Chromic acids, nearly four times more than Nitric acid and Potassium ferrocyanide, and, generally speaking, eight times more than heat with acid. If we put the limit of Nitric acid at $\frac{1}{300}$ of 1 per cent., that of Jauret's test does not range much below $\frac{1}{1000}$ of 1 per cent.

While we would not recommend the test too unreservedly until it has run the gauntlet of the profession, it is clear that for hurried, careless and inexperienced hands, it is, beyond question, the safest. I trust that it has been made apparent how easy it is to overlook albumen. The "busy practitioner" needs a test with which he *cannot* make a mistake, or overlook. He cannot enter into nice questions of alkali and acid albumen, or ascertain whether the urine is of just the right acidity for a delicate reaction by heat, or stop to nicely graduate the amount of acid he ought to add; he is, perhaps, more to be trusted to dump indefinite quantities of Nitric acid into indefinite quantities of urine, and boil. But he can be

* Loc. cit.

as lavish as he pleases with his Citric acid and his Jauret's reagent, and yet, if he has good eyesight, and a good light, he cannot pass over Bright's disease for want of detection of albumen. He can, too, by carrying some powdered Citric acid, the test reagent, and a medicine-dropper, attain a certainty and a delicacy of testing by the bedside, surpassing his efforts with heat and acid in the office. The liquid reagent I have found more satisfactory, besides being more expeditious, than dry test-papers upon which the acid and the double iodide have been deposited, although the test-papers are very conveniently carried, and furnish sufficient means for the detection of ordinary amounts of albumen.

For those who wish to ascertain exactly the quantity of albumen, I subjoin Mr. Stephen's method of volumetric estimate:

"Take 10 cu. c. m. of urine and 2 cu. c. m. of Acetic acid, and stir with a glass rod; then add the precipitating solution drop by drop, stirring carefully each time, until the precipitate is no longer resolved in the albumen in excess, *i. e.*, as yet unaffected by the reagent; then, after each drop of the solution, put a drop of the urine on a porcelain dish, and watch if a yellowish-red color appears on adding a minute drop of the confirmatory solution (Hydrarg. chlor. cor., 1 gramme, Aquæ dest., 100 cu. c. m.). As soon as it does, all the albumen is precipitated, and the process is finished, and the amount of albumen per litre will be at once arrived at by taking the number of drops employed of the precipitating solution, subtracting three as having been used in excess to make the yellow color perfectly clear, and then considering the rest as so many half grammes." That is, if 13 drops of the precipitating solution have been employed, there are 10 half grammes, or 5 grammes of albumen per litre of urine. In the above description, it has been taken for granted that the tester will employ a pipette, whose drops of the solution will contain 0.05 cu. c. m.

Recapitulation.

If we reiterate our conclusions with regard to the various tests, they will be these:

Heat with acid excludes phosphates, urates, peptones, mucin, alkaloids. When the reaction occurs decisively, it is proof positive that albumen is present. But the absence of the reaction does not always prove the absence of albumen; for, first, an anomalous albumen may dissolve like the phosphates upon the addition of acid; second, acid will dissolve small

amounts of ordinary albumen, however carefully employed, and when carelessly performed, Nitric acid will dissolve albumen down to $\frac{1}{3}$ of 1 per cent.; third, below $\frac{1}{150}$ of 1 per cent., the test is inoperative. For the detection of $\frac{1}{150}$ of 1 per cent., it requires expert manipulation, for acidity or alkalinity must be nicely gauged and corrected to an exact degree. It is inapplicable to urine turbid with organic matter, which must be rendered perfectly clear and transparent by clarification, and then nicely acidulated. When the urine is turbid from mixed causes, from phosphates or urates with organic matter, it is impossible to arrive at a decision as to small amounts, unless the urine be clarified. If the urine is acid, and turbid from urates only, heat alone is much more decisive and reliable. It is less convenient and expeditious than other tests. While it affords a rough means of gauging the quantity of albumen, both Nitric acid and Jauret's test are more speedy and accurate. Considering these objections not easy for one of ordinary chemical training to provide against, we believe that the test should be relieved from its post of universal reliance, and relegated to the ranks of confirmatory tests. It is a fallacious mainstay for renal diagnosis.

Heat alone, in urine very acid *per se*, especially when very turbid with urates, ranks above Heller's nitric acid method without clarification.

Roberts's brine test, not surpassing heat or equalling other tests in delicacy, reacting with urates, perhaps much, and the peptones, and being inapplicable to alkaline and turbid urines without clarification, and then reacting with caustic potash, unless well acidulated, may be safely left to die of the inanition which has overtaken it from its birth.

Heller's nitric acid method generally can be relied upon to reveal 0.0034 or about $\frac{1}{300}$ of 1 per cent., being twice as sensitive as the heat with acid test. In all the albuminous urines coming within the limit of its power, we have met but one in which it did not give the albuminous reaction. It is more delicate in weakly acid and alkaline urine, and very acid urines should, therefore, be treated with caustic potash before employing the test to bring it up to the full limit of its delicacy; the clarified urine should not be acidulated, for the reaction we have found not to occur in non-albuminous urine so treated. Clarification furnishes the best means of removing the urates from possibility of confusion. Besides the urates, nitric acid gives no immediate reaction, except with the oleo-resins. It furnishes one of the two best means of approximating the per-

centage of albumen. Since, with these advantages, it also gives important information of other substances than albumen, the test cannot be dispensed with.

Ferrocyanide of potassium or sodium in sensitiveness equals Nitric acid, surpasses it in not reacting with the oleo-resins, and can confound albumen only with the urates. It is inferior as an approximative test, as yet worked out.

Chromic acid must be employed in acid or acidified urine only, when it has between two and three times the delicacy of Nitric acid. It reacts with the urates and oleo-resins, but not with mucin. Its behavior with the peptones and anomalous forms of albumen has not yet been investigated.

Picric acid can be considered as three times more sensitive than Nitric acid. It should be employed *always* with acidified urine. Its coagulum dissolves in an excess of albuminous urine; hence it is of small service in approximating the quantity of albumen, and its peculiar sphere lies in the detection of minute quantities. But its reaction should always be confirmed by tests equally delicate, for it gives a ring with urates, peptones, mucin, and oleo-resins. And its behavior with the modified albumens is not yet known.

Jauret's double iodide test is nearly or quite four times the delicacy of Nitric acid, applies with equal certainty to minute and large quantities of albumen, furnishes the best method of making either an approximate or exact quantitative estimate, is most expeditious, cleanly, portable, and obviates to a greater degree than other tests the necessity of filtering and clarifying urine. The urine must always be previously well acidified, when nothing, except the presence of alkaloids and peptones, can cause mistake, which, however, disappear readily upon the application of heat. Although so sensitive, it is best adapted to the hands of inexperts, and should occupy the position previously held by heat with acid. It should, however, be kept in mind that its behavior with modified albumens has not yet been ascertained.

Our general conclusion, from a somewhat extended experience in albumen testing, is that one needs to be wary always; that no one test covers the whole field; and that, therefore, the test of Jauret, when the reaction is only very slightly hazy, should be confirmed by picric or chromic acids, when slightly cloudy, by nitric acid or ferrocyanide of potassium, when decidedly turbid by heat with acid; and that under any degree of reaction, highly acid urines depositing urates should

always be tested with heat alone. Finally, good daylight and a black background are essentials for delicate testing.

Before concluding, allow me a few words upon the practical value of detecting the very minutest trace of albumen. Supposing that a small quantity may occur in the urine of health, will it not be less misleading to employ only the grosser tests which will show pathological amounts only? Granting, without necessarily admitting, that the supposition be true, who can affirm what are pathological amounts of albumen? Are there not cases of contracting kidney where albuminuria has been said not to occur at any time, and many others where it has intermitted for days and weeks? Is it not misleading, then, to infer that because the albuminuria is very slight, the patient must, therefore, be free from kidney affection? We submit that the only safe rule for the practitioner to adopt is to consider a reaction, occurring with even the most delicate test, as something to be accounted for, something which, if duty is done to the patient, demands careful investigation. It is this conviction which has led us to assume that the most delicate test should be the one chosen for common reliance, especially when microscopic examination is made to depend upon the presence of albumen. As evidence of the practical importance of delicate testing, I will, without further argument, allude specially to two cases which, among several others, have come under my observation.

The first was a patient of my friend, Dr. Bauer, who kindly sent the urine to me for examination. The gentleman had been apparently in perfect health until a few days before, when cold developed a bronchial catarrh. Suddenly he was seized with convulsions. Although there was no vulvular lesion, or cardiac hypertrophy, or high arterial tension, or other symptoms, pointing to disease of the kidneys, as I am informed, the continuance of the convulsions, which persisted at short intervals for thirty-six hours, could find no explanation except supposed uræmic poisoning. The urine, upon the day following the last convulsion (April 20th), measured 900 cu. c. m., contained 31.5 grammes of solids, and showed under the microscope numerous epithelia from the convoluted tubules of the kidney, and a considerable number of hyaline and epithelial casts, small, medium and very large; yet heat with acid, until performed with unusual care, did not reveal albumen, which was present in $\frac{1}{50}$ of 1 per cent. All other tests enumerated reacted. April 25th, while the microscopic forms were the same, no reaction could be obtained with any

of the tests, except those of Chromic and Picric acids, and that of Jauret. May 3d, the albumen reactions were the same as on April 25th, and hyaline casts 6 and 7 on a slide. June 2d, renal epithelia, but no casts were found; heat with acid gave no albumen response; heat alone, a faint indication; Heller's test was negative in the clear urine untreated with caustic potash, but in the urine so treated showed $\frac{1}{150}$ of 1 per cent. Chromic, Picric and Jauret's tests reacted decisively and promptly. By this time, the quantity of urine had increased to 1770 cu. c. m. (f559), and the total solids to 56.7 grammes. At all times the tests were performed with the mean daily urine.

The second gentleman, aged 67, and weighing 205 pounds, who had always enjoyed the best of health, except that he had felt malaise at times during the previous year, was attacked with acute follicular tonsillitis and pharyngitis of a severe nature, but not diphtheritic. Constant sleepiness, morning vomiting and diarrhoea led me to investigate the urine, which was of specific gravity 1.030, very high colored and acid, extremely turbid with urates, and measured 390 cu. c. m. (f513) in the twenty-four hours, thus containing only 15.6 grammes of solids. The heat test without acid showed albumen cloudiness; with acid, none. Heller's Nitric acid method gave no clear reaction, until clarifying with potash $\frac{1}{20}$ of 1 per cent. was found. The microscope revealed numerous renal epithelia, and hyaline and granular casts. Three weeks later (May 5th), when the specific gravity was 1.020, the color and sediment normal, renal epithelia moderately scanty, and hyaline casts 6 and 7 on a slide, there was no reaction with heat alone, or heat with acid, or Potassium ferrocyanide, or Nitric acid, but Chromic and Picric and the double Iodide tests showed albuminuria with unmistakable decision. July 21st, he returned from a journey, feeling weak, sweating profusely, sleepy all the time, but with no headache. Pulse 70, normal, not tense. Heart normal, and no hypertrophy. Œdema marked over tibia and ankles, which he has noticed for more than six weeks. Urine, f524 (720 cu. c. m.); specific gravity, 1.025; total solids, 42. grammes; high colored; no apparent sediment; renal epithelia very few; hyaline casts, 3 to 7 on a slide; albumen reaction only with Chromic, Picric and double Iodide. July 25th, he felt stronger, and there was no œdema. Urine, normal in color; specific gravity, 1.020; quantity, f533 (990 cu. c. m.); total solids, 46.1 grammes; renal epithelia, very few; hyaline casts, 1 and 2 on a slide.

Do not such cases show the inadequacy of the tests most commonly used, the necessity of employing the most delicate tests, and the pathological significance of even the smallest quantities of albumen?

GUAIAACUM.

BY F. F. LAIRD, M.D., UTICA, N. Y.

(Read before the Homœopathic Medical Society of the State of New York, September 11th, 1883.)

Natural Order.—ZYGOPHYLLÆA.

Common Names.—LIGNUM SANCTUM; LIGNUM VITÆ.

Preparation.—TINCTURE OF THE GUM-RESIN.

THE sixteenth century of European history was not renowned for its virtue. The age of chivalry had merged into the age of syphilis. Hence, in 1508, when the Spaniards introduced Guaiacum into Europe as the great antisymphilitic, prince and peasant alike drank the wonderful decoction, attested its healing powers, and bestowed upon it the suggestive names, *Lignum sanctum*, *Lignum vite*. Even Boerhaave, sagacious and cautious as he was, affirmed that Guaiacum-wood was capable of expelling the venereal poison from the system. The demand for the remedy became so great that the drug sold at the rate of seven gold crowns per pound, and the West Indies were taxed to their utmost to supply the trade. For nearly two centuries the "sacred wood" maintained its marvellous reputation; but it was doomed to follow in the train of so-called *specifics*. The baths, purgatives and rigid diet with which the treatment was combined, the occasional failures and the imperfect diagnosis, all united to throw doubt upon the specific value of Guaiacum, *per se*. Polypharmacy and pure empiricism had again almost cast into oblivion a most valuable remedy. Should this paper succeed in directing your earnest attention and careful study to this much-neglected drug, its mission will have been fully attained.

The wood and the resin are both used in medicine, but the latter is by far the more eligible constituent. "Guaiacum resin has a slightly aromatic and balsamic odor; on being chewed, it softens and communicates a slightly bitter and acrid taste, followed by a peculiar burning and prickling sensation in the back of the throat. Not more than nine per cent. of it is soluble in water; but alcohol dissolves about ninety-one per cent., acquiring a deep brown color, and from this the resin is again precipitated by water. It is soluble also in

ether and in alkaline solutions. The nature of Guaiacum resin is that of an acid. It forms soluble salts with the alkalis, and is precipitated from alkalis by acids. The constituents are about ten per cent. of guaiaretic acid, $C_{20}H_{26}O_4$, which is crystalline; and about seventy per cent. of guavaconic acid, $C_{19}H_{20}O_5$, with other subordinate matters."—*Phillips*.

It is obtained from the wood by exudation, by incision, by heat or by decoction, and is a brownish-red substance, "brittle, presenting a splintery vitreous fracture, and somewhat translucent." On exposure to light, it undergoes spontaneous oxidation, and assumes the well-known greenish tint. "The ease with which the resin undergoes oxidation is its most distinctive characteristic. . . . Oxidizing or ozonizing agents, such as nitric acid, chromic acid, iodine, bromine, and chlorine produce this oxidation very rapidly and very thoroughly, the resin acquiring an intense blue color."—*H. C. Wood*.

Physiological Effects.—"In small doses, Guaiacum acts as a vascular stimulant, producing a sensation of warmth in the stomach, abundant flow of saliva (common to all bitter substances), with a slight increase in pulse and temperature. In larger doses, it causes dryness of the mouth, thirst, burning in throat and stomach, increases the secretion of the gastrointestinal canal, accelerates the action and causes palpitation of the heart, promotes diaphoresis *if the body be kept warm*, or diuresis if it be cool, and favors the production and excretion of bronchial mucus. Associated with this group of symptoms are headache, loss of appetite, nausea, heartburn, and flatulence. Stiffness of a rheumatic character is felt at the same time in the nape of the neck and the small of the back, with pains in the bones of the legs, the limbs feeling as if swelled; darting pains, apparently of a rheumatic, neuralgic character, extend also from the feet to the knees. The results described are further attended in many instances by profuse perspiration, and are sometimes followed by an exanthematous eruption and casually by pyalism."—*Phillips*. In regard to its alleged diaphoretic properties, *H. C. Wood* says, "Guaiac is believed by some to act as a diaphoretic, to do good by increasing the elimination of the skin; but as I have not been able to obtain any distinctive proof of its having such action to any marked extent, I have preferred to consider the drug as an alterative."—*Vide Skin*, p. 20.

Pearson observed that its continued use occasioned costiveness. In excessive doses, it causes confusion of mind, giddi-

ness, general lassitude, fainting, vomiting, purging and cramps; in short, the series of symptoms induced by an irritant poison. Hering still further observes that all excretions (urine, stool, sweat, etc.) are extremely offensive.

Special Analysis.

Mind.—Great fretfulness. Morose mood; he speaks little. Contemptuousness. Obstinacy.

Loss of ideas; he stands in one place, and looks in front of him without thought (at breakfast-time, while standing). Weakness of memory, forgets what he has just read and no longer remembers familiar names.

Head, Headache.—(1.) *General Head*: Pain like a pressure in brain from below upward (at night). Dull pressive pain in head, extending obliquely upward from left side of neck to vertex, and ending in a stitch. Violent large stitches in the brain from below upward. Sensation as if brain were loose and moved at every step (in the mornings). Headache externally as if too much blood was in the scalp, and it was swollen (while sitting). Pulsating throbbing externally on the head with stitches in temples, only transiently relieved by external pressure, better when walking, worse when sitting and standing.

(2.) *Frontal*: Drawing pain from middle of frontal bone down into nasal bones. Pressure and pressive pain in forehead. Dull sticking pressure in right frontal eminence. Pressive headache transversely across forehead. Tearing externally from left side of frontal bone down into muscles of the cheek. A drawing tearing in the forepart of the forehead.

(3.) *Temporal and Parietal*: Pressive pain in right temple as with something broad. Painless pressure in left temple. Dull drawing stitches from left parietal bone to frontal eminence where they all end in a single stitch. A pressive drawing-tearing stitch in right side of head extending toward frontal bone. Acute stitches in left side of head at junction of parietal and temporal bones. Tearing in whole left side of head.

(4.) *Occipital*: Tearing in right side of occiput. Drawing tearing in occiput and forehead.

The pains are characteristically *pressive* (with its modifications, *drawing, tearing, sticking*), and frequently *end in a stitch*; are aggravated, as a rule, when sitting and relieved by motion. In short, the pains are typical of an affection of the fibrous tissues, and are mostly *external*—a “scalp-ache.”

Eyes.—Sensation of swelling and protrusion of the eyes, the

lids seem too short to cover them, with sensation as if from loss of sleep, with yawning and stretching the whole day. Hardened mucus in canthi of right eye. Pupils dilated.

Ear.—Tearing in outer margin of left concha. Earache in left ear. Tearing in left ear.

Nose.—Frequent discharge of watery substances for a month.

Face.—Red, swollen and painful for several days. Sensation as though some one struck his face with a cloth, so that he awoke with fright (in evening, when in bed). Dull spasmodic drawing in muscles of right cheek (in the morning on rising). Stitches in right malar bone. Drawing pain in left side of lower jaw ending in a stitch. Dull pressive pain in left side of lower jaw.

Mouth.—Pressure in upper back teeth when biting them together. Tearing in left upper back teeth. Flat taste in the mouth.

Throat.—Constant violent stitches in the throat from larynx to left clavicle.

Stomach.—Constrictive sensation in region of stomach, with anxiety and difficult breathing. In pit of stomach, a frequently recurring pressure, with difficult breathing, oppression and anxiety. Empty eructations.

Violent hunger in afternoon and evening (tonic effect of "bitters"). Loss of appetite and nausea for everything.

Hypochondria.—Stitches in left.

Abdomen.—Griping in a small spot to left of umbilicus. Gurgling and rumbling as from emptiness. Rumbling with dull griping, which extends more and more downward, followed by emission of flatus. Griping as from incarcerated flatus, which extends lower and lower, after which there is an emission of flatus. Pinching cutting transversely through abdomen on inspiration.

Hypogastrium.—Dull griping in lower abdomen, which constantly sinks downward and backward. Constant trembling of inner abdominal muscles of right side close to ilium. Pain in groin as from hernia.

Stool.—Thin mucous stool preceded by griping. Soft crumbly stool. Constipation.

Urinary Organs.—Stitches in neck of bladder after urinating. Cutting while urinating, as if something biting passed from him. Frequent urging to urinate, repeated immediately after urination. Constant desire to urinate, with copious emission each time. Obligated to urinate every half hour and much

at a time, after which the urging is immediately renewed, with the passage of only a few drops.

In this connection, it is important to observe that the provers who experienced the above symptoms *had no perspiration*, while those in whom the drug produced diaphoresis *were free from any disturbance in the urinary tract*. Hence we may rationally infer that Guaiacum is sometimes eliminated by the perspiration, at other times by the urine; and that the stitches, cutting, urging, etc., are due to the acrid irritating qualities of the drug rather than to any specific action upon the mucous membrane.

Genital Organs.—(1.) *Male*: Emission at night, without lascivious dreams.

(2.) *Female*: The leucorrhœa is aggravated.

Respiratory Organs.—Violent spasmodic inflammatory affection of the air-passages, especially larynx, with such violent palpitation of the heart, that suffocation seemed imminent. Mucous expectoration on hacking and hawking.

Sudden stuffed sensation in præcordial region, like an arrest of breathing; it often attacks her suddenly, even at night when asleep, and causes an almost completely dry cough, which is frequently repeated until there is some expectoration.

Externally, pain in chest, stitches in left side beneath true ribs, more toward the back.

Neck and Back.—Pressive pain in nape of neck on right side of cervical vertebra. *Constant, frequent stitches on left side of nape of neck, extending from the scapulae to the occiput, on motion, as also on holding the head still.*

Rheumatic stiffness of the whole left side of back, from nape of neck down to sacrum, with intolerable pain on slightest motion or turning the part; not noticed on touch or during rest. Drawing and tearing down right side of spine, from axilla to lowest ribs. Constrictive sensation between scapulæ. Constant stitches, which, at last, become a continuous stitch just beneath right scapula, as if coming from centre of chest; aggravated by inspiration. Sticking tearing on the margin of both scapulæ, followed by constriction in the dorsal muscles. Sticking tearing on posterior margin of right scapula.

Upper Extremities.—(1.) *Right*: Sharp stitches on top of right shoulder. Violent painful stitches in upper arm, mostly in its middle. Tearing in forearm, extending into wrist. Some violent stitches in right thumb.

(2.) *Left*: Frequent drawing, tearing stitches from elbow to wrist. Painful drawing, tearing, extending from upper

arm to fingers, but especially persistent in wrist. Persistent drawing or pressive tearing in left wrist.

(3.) *Both*: Stretching of upper limbs, with yawning. Weakness of upper arm, as after hard labor.

Lower Extremities.—(1.) *Right*: Pain, like growing pains. Pressive drawing pain, extending from middle of thigh to knee, on stretching out the leg; disappearing, on drawing it up and bending it. Crawling pressive pain in bone of thigh, extending from its middle to knee (while sitting). Dull stitches in thigh above knee. Jerking tearing from middle of thigh to knee. Painless constriction in calf. Drawing stitches extending from ankle to middle of tibia. Tearing, drawing stitches from middle of right tibia to knee. Tearing, long-drawn stitches in the leg, extending from dorsum of the foot to the knee. Pain ending in a sharp stitch in a small spot on back of foot; disappearing on motion. Some sharp stitches in right ankle, while sitting.

(2.) *Left*: Some stitches in thigh above knee, which meet on both sides. Drawing tearing from middle of thigh to knee. Bruised pain in thigh when walking in open air. Tearing, dull stitches, extending from middle of tibia to the toes.

(3.) *Both*: Drawing pain in knee, ending in a stitch.

Limbs, especially thighs, are weary as after a long walk. Tension in thighs, especially right, as if muscles were too short, with weakness while walking, worse from touch, better while sitting. Needlelike stitches in nates when walking, though mostly when sitting still, as though she sat upon needles. Tearing stitches between tibia and fibula, extending to patella, so violent that he jumped up high. Violent jerking stitches in the outer side of the calf.

In the extremities, we again find the same character of pains which we observed under headache, and having their origin in the same classes of tissues.

In the lower limbs, two peculiarities are to be noted:

(1.) The right side is more powerfully affected.

(2.) A marked tendency of the pains to begin *in the middle of the thigh or leg, and extend to the knee*.

Sleep.—Restless, unable to fall asleep, tossing about the bed for two hours in the evening. Falls asleep late in the evening, and wakes earlier than usual in the morning. Frequent waking from sleep, as from fright, or *as though he were falling*.

Unrefreshed in the morning on awaking, as though he had not slept at all. On awaking in the morning, everything seems too tight, and he tosses about the bed.

Sleep full of dreams of scientific subjects, of fights, of being pierced with knives. Nightmare while lying on the back, and awaking with cries.

Great sleepiness in afternoon. Yawning, and stretching of the limbs, with sensation of loss of sleep the whole day.

Fever.—(1.) *Chill*: Chill behind a warm stove. Chilliness in forenoon for two hours, and also in the evening before going to sleep, which even continued in bed; in the morning, some perspiration. Internal chilliness over whole body, immediately followed by heat, especially in face, without thirst (toward evening). Febrile chill in the afternoon. Shivering in the breasts.

(2.) *Heat*: Heat of whole face, with thirst, without redness and without sweat. Skin hot, especially on the hands (Hering). Emaciation and hectic fever in men of dry constitution.

(3.) *Sweat*: Some perspiration every morning. Much perspiration, especially on the head, when walking in the open air; pearly (?) sweat on the forehead. Profuse perspiration on the back at night.

Skin.—Burning itching of the skin, aggravated by scratching. A hardened pimple with white tip on right eyebrow, with very sore pain when touched. A sore, painful pimple on the nose. Grumbling in skin of whole leg with a feeling of heat in it. Itching stitches, like flea-bites, in skin of thigh, especially in both sides of kneecap, disappearing on scratching. Crawling on chest. Crawling in thighs and legs, extending to toes, as though limb would go to sleep (while sitting). Corrosive itching on the back during the day.*

General Symptoms.—Weakness of thighs and arms, as after great exertion. General discomfort, with indolence and dread of motion.

General Analysis.

Comparing our meagre provings with data obtained from allopathic and eclectic sources, we are now prepared to define and limit the sphere within which we may utilize Guaiacum.

Action on the Vital Power.

The special senses, sphincters and other involuntary muscles, as well as the power of locomotion, remain unaffected except

* All the above skin-symptoms, except "itching stitches, like flea-bites," occurred in the prover who sweat, showing the irritating qualities of the drug when eliminated by the perspiration."

under excessive doses. A slight deficiency in memory associated with general lassitude sums up its *direct* effect.

Action on the Organic Substance.

Here its power is far more marked. The secretions of the respiratory and intestinal mucous membranes are affected; all excretions acquire an unbearable stench (Hering). A tendency to eruptions, slightly foreshadowed in the provings, is confirmed by clinical experience. But beyond and more important than all, is its power to produce *a clear, well-defined rheumatic dyscrasia*, to which the chilliness, fever and sweat are important addenda.

Sphere of Action.

Through the great vegetative nervous system, Guaiacum acts upon

- I. Heart and Vascular System.
- II. Fibrous and Fibro-serous Tissues.
- III. Mucous Membranes.
- IV. Lymphatics.
- V. Skin.

I. *Circulation*.—As previously mentioned (*vide Physiological Effects*), the first effect of Guaiacum is a feeling of warmth in the stomach, with a slight increase in pulse and temperature—in a word, the drug acts as a vascular stimulant. Under small doses, palpitation is never produced. We may safely assert that this symptom is rarely, if ever, witnessed, unless the dose exceeds thirty grains, or in cases where the administration of the drug has been continued in smaller quantities for a long period. When palpitation *does* occur, it is very liable to be associated with marked inflammatory symptoms, as in Lambert's observation of the effects of a decoction of six ounces of the wood in a pint of water (*vide* first symptom under *Respiratory Organs*). As to the exact amount of the increase in temperature, we are uninformed. Clinical experience, however, would lead us to the belief that the rise was only moderate; never sufficient to warrant us in placing confidence in the drug, when the thermometer registered more than 102°.

In seeking for a satisfactory explanation of *how* the congestion is produced, we derive but little aid from the provings. Observations upon the *character* of the pulse are entirely want-

ing. Physiological experiments by the old school have not been directed to the elucidation of this point.

If the drug had caused firm capillary contraction, like Bell., such acute observers as Hahnemann and Hartmann would hardly have failed to record its characteristic tense pulse. Again, many of the congestive symptoms occurred very soon after the administration of the drug, and hence were a *primary* effect.

From these facts we conclude that Guaiacum, like Hydrastis, *primarily* stimulates the vascular system, even up to the point of sub-acute congestion; followed, secondarily, by a parietic condition, in consequence of the too-long continued stimulation.

II. *Fibrous Tissues*.—Here lies the great centre, around which cluster *all* the pathogenetic symptoms. *There is scarcely a fibrous tissue in the body unaffected by Guaiacum.* Under "Headache," we have already alluded to its effect upon the scalp. How shall we interpret the pains *inside* the cranium? Remember that the dura mater not only sends processes into the cavity of the skull for the support of the different parts of the brain, but is also prolonged through the various foramina at the base, *becoming continuous with the pericranium, and forming sheaths for the nerves which pass through these apertures.* Congestion of the dura mater, therefore, offers a ready explanation of the internal *pressive* pains; congestion of the *nerve sheaths* gives here, as elsewhere, the neuralgic symptom, violent stitches. Excess of blood in the fibrous tissues of the head must necessarily result in a corresponding reduction of that supplied to the brain itself; hence a slight shrinking, as shown in the "sensation, as if the brain were loose and moved at every step" (Rhus tox.).

Bearing in mind this action upon fibrous tissues, in like manner study the pathogenesis, symptom by symptom, and you will unite the scattered links into one grand chain: neuralgic and rheumatic symptoms alike will be found parts of one connected whole.

III. *Mucous Membranes*.—Anatomically, these membranes consist of an epithelial layer supported by the corium, which is analogous to the derma of the skin, with which it is continuous at the orifices of the body. The corium practically consists in a fibro-vascular layer, containing (in addition to its white and yellow fibrous tissue and vessels) muscular fibre-cells, nerves and lymphatics. "Imbedded in it are found numerous glands, and projecting out of it (in certain locations)

are processes (villi and papillæ) analogous to the papillæ of the skin" (Gray).

In the provings we find Guaiacum acting chiefly upon the mucous membranes of the respiratory organs (nose included) and gastro-intestinal canal, and its power is evidently exerted not so much upon its glandular as upon its *fibrous structure*. In all probability, its primary action is to produce hyperæmia of the fibro-vascular layer, resulting in an obstruction to glandular secretion, and consequent dryness of the membranes, followed, secondarily, by an *increased* secretion, as seen in the discharges from the nose, bronchial tubes, and gastro-intestinal canal. So far as the proving shows, *the secretions are all scanty*.

IV. *Lymphatics*.—All writers admit that Guaiacum *has and does* cure syphilis. If this be a fact, the drug *must* act on the lymphatic glandular system, which is the great feeder of the disease. Says Burt (*Physiological Materia Medica*, Article "Mercurius:") "Notwithstanding the blood is contaminated most thoroughly with this malignant poison, it is *not* a blood disease, but is located in the *lymphatics* and *organic nervous system*, the blood-making organs. The *centre and habitat* of this poison is in the *lymphatic glandular system*, and not the blood. Through this system it poisons and destroys every organ and tissue in the human frame, by constantly manufacturing the virus, and giving it to the blood, where it is distributed to every tissue in the body." Here, in this lymphatic system, *the fountain of nutrition*, must every antisypilitic meet and combat the poison. Here Mercury and Kali hyd. have won their grandest laurels.

The offensive odor of all the excretions must likewise find an explanation in perversion of the functions of the lymphatics, since we certainly have not the slightest proof of blood decomposition to account for it.

V. *Skin*.—We have every reason for believing that here, as elsewhere, the drug exerts its chief power upon the fibrous structure. A tendency to congestion of the papillary layer is evinced by the presence of pimples. We should, therefore, infer that the remedy was more especially adapted to skin eruptions of the papular class, *which form the type or basis of all syphilitic eruptions*.

To what extent the drug acts upon the sweat-glands is a matter of doubt. We notice in the provings, however, that perspiration only occurred under the favoring influences of warmth (of the bed) and exercise, and King tells us that it acts as a

diaphoretic *when the body is kept warm*. These facts substantially confirm Wood's observation. On the other hand, Phillips affirms that its action is sometimes attended by *profuse perspiration*. We shall probably not be far from the truth in saying that its effects depend upon the idiosyncrasy of the prover, in some cases producing diaphoresis; in others, diuresis.

Sensations.

The pains are characteristically *pressive, drawing, tearing, stitching or sticking; often ending in a stitch*, especially in head.

Constrictive sensations are felt in epigastric region, between scapulæ and in calf of leg. Stiffness in back, and tension in various localities.

Peculiar sensation in nates, as if sitting on needles.

Feeling of general discomfort, with dread of motion.

Periodicity.

The symptoms almost all appear while sitting, mostly in the morning, immediately after rising, or in the evening, shortly before going to sleep; a few from 9 to 12 A.M.

Peculiarities.

The frequency with which stitches are associated with the characteristic pains distinguishes *Guaiacum* from all other remedies acting upon fibrous tissues. The scalp pains ending in a stitch. The inconstancy of relief from motion, placing the remedy in the gap between *Bryonia* and *Rhus*. The unbearable stench of all excretions (urine, stool, expectoration from bronchial tubes, night sweats, etc.) (*Baptisia*). Frequent awaking from sleep *as though patient were falling*. (This symptom has been verified by Dr. L. B. Wells, of Utica, N. Y. Compare *Phos. acid.*)

Comparisons.

In its action upon fibrous tissues, *Guaiacum* is closely analogous to *Bryonia*, *Rhus*, *Rhododendron*, *Kali hyd.*, *Mercurius*, *Mezereum* and *Phytolacca*.

Bryonia affects also the muscular tissue; hence aggravation from motion is a *sine qua non*. The *slow stitch* and the *drawing, contractive* pains are far more pronounced in *Guaiacum*.

Rhus differs in not possessing so markedly the *stitching*

pains, and in the universality of its *relief* from motion. While *Rhus* sometimes has aggravation on *first beginning to move*, *Rhododendron* has *immediate relief by motion*.

Kali hyd. and Mercury show a more marked affinity for the *periosteum*, the former producing thickening and nodes, the latter causing violent inflammatory pains at night.

In Mezereum the grand centre of action is in the *connective tissues*, and the characteristic pains are *flying stitches*.

Phytolacca, like Guaiaacum, affects the periosteum, sarcolemma and the sheaths of the nerves; but its especial sphere seems to lie in the fibrous tissues covering the bones and nerves.

Practical Applications.

Guaiaacum is especially adapted to complaints founded on a *rheumatic or rheumatico-syphilitic diathesis*. *Headaches: Rheumatic or gouty.* *Rhododendron* has similar drawing and tearing in the periosteum of the cranial bones, aggravated by rest, and in the morning, ameliorated by exercise; but is distinguished by its relief from *wrapping up the head warmly*, and by the absence of the stitching pains.

Rhus has tearing stitches in the head extending to ears, root of nose, and malar bone, with toothache, and "brain feels loose when stepping or shaking the head;" but differs in the characteristic *feeling as if a board were strapped across the forehead*.

Mercurius presents tearing, stitching pains in the cranial coverings, but the *marked aggravation at night and from the warmth of the bed is always present*. The *Bryonia* tearing headaches are always aggravated by the *slightest motion*.

Migraine.

Rheumatic neuralgia involving side of head, face and neck, with sensation as if the bloodvessels were overfilled.

Eyes.—The sensation of swelling and protrusion of the eyes so well marked under this drug strongly suggests its use in rheumatic and syphilitic ophthalmia. Compare Bell., Merc. corr., Kali iod., *Rhus tox.*

Ears.—Hering (Condensed Materia Medica) gives: Painful dragging and tearing in left ear; spasmodic earache. Remember in rheumatic and syphilitic patients.

Face.—The red, swollen and painful face may hint at facial erysipelas of the smooth variety; but much more strongly does it suggest the erythematous blush preceding the outbreak of the secondary syphilitic eruption. Hering adds the clinical symptom, "face looks old."

Mouth.—Stomatitis, especially when associated with a similar inflammation in the throat (secondary syphilis).

Stomach.—Violent burning and prickling in throat, with thirst and dryness of the mouth; constant violent stitches in the throat from larynx to left clavicle.

Says Bartholow: "Recent clinical experience has shown that guaiac is a capital remedy in tonsillitis. Given in a half drachm dose (tincture) every four hours, it appears to abate the inflammation, and cut short the disease in a remarkable manner." When we reflect that the tissues most usually and chiefly involved in tonsillitis are the fibrous, we can readily see that the drug acts homœopathically. Dr. J. H. Garner, of Canada, employs Guaiacum "in all varieties of laryngitis, acute and chronic, in pharyngitis, commencing tonsillitis," etc. (*Napheys's Medical Therapeutics*, p. 176). Clergyman's sore throat and the hoarseness and sore throat in young ladies so commonly connected with menstrual troubles are also said to yield to the doctor's gargle. When a remedy is composed, as in this case, of several ingredients, we may perhaps be forgiven if we inquire, *which one cured?* Was it the tinct. guaiaci ammon., the liq. potassæ, the tinct. opii or the aqua cinnamomi? !!

The drug has also been used internally and as a gargle in diphtheria; but its utility is more than questionable. Rheumatic and gouty sore throat (*vide Mackenzie's Larynx, Pharynx, and Trachea*). "Guaiacum, as a gargle in all varieties of sore throat, hoarseness, etc., is a remedy of ancient and acknowledged repute."—*Napheys*.

Gastric Symptoms.—Flat taste, food does not taste right; thick white fur on tongue; nausea from sensation of phlegm in the throat; every morning vomits a watery phlegm, with great exertion; frequent empty eructations; after eating without appetite, she gets sick; burning in stomach and abdomen; cramps and pains in the stomach; constrictive sensation or frequently recurring pressure in epigastrium (*two very common sensations in remedies acting upon fibrous tissues; vide Bell., Bry., Rhus, Rhod., Sulph., etc.*), with anxiety and difficult breathing; desire for apples, which relieve the gastric symptoms.

Abdomen and Stool.—Gurgling and rumbling in abdomen, with griping as from incarcerated flatus *which extends lower and lower until flatus is emitted*; pinching and cutting transversely through abdomen on inspiration. Trembling in inner abdominal muscles. *Inguinal hernia.*

Constipation, with hard crumbling stool, which is very offensive.—*Hering*.

Diarrhœa commencing in the morning; skin dry, chilly.—*Hering*.

Cholera infantum with emaciation, the face looking like that of an old person.—*Hering*.

Thin mucous stool. It is used in acute dysentery, in "which its employment is said to be followed by speedy beneficial results."—*King's Dispensatory*.

These stools must all be accompanied by the characteristic griping pain, as before described.

Urinary Organs.—*Fetid urine* (*Hering*).

Dr. John N. Upshur, of Va., has successfully prescribed Guaiacum tincture (one drachm, twice daily) in hæmaturia (Napheys's *Medical Therapeutics*, p. 371). We are not told, however, from whence the blood proceeded, or the character of the hæmorrhage (active or passive). We, nevertheless, infer from the interval between doses, that the hæmaturia was passive. In such a case Guaiacum would prove curative by stimulating the engorged and half-paralyzed vessels.

Does the drug *ever*, like Kali iod., act upon the mucous membrane of the kidneys to produce congestion and albuminuria? This is an interesting question for the careful clinical observer to answer.

Female Sexual Organs.—The wonderful results obtained from the remedy in the treatment of subacute and chronic ovaritis have already been called to your attention by Dr. M. O. Terry in an able paper (*Transactions of the Homœopathic Medical Society of the State of New York*, vol. xviii., 1883). Two cases of my own confirm its curative powers. The *modus operandi* finds an easy explanation in the anatomy of the structures involved. The extremely dense and *fibrous* tunica albuginea incloses a peculiar soft *fibrous* stroma rich in blood-vessels. Imbedded in this stroma are the Graafian follicles, vesicles, or ovisacs. "Each vesicle consists of an external *fibro-vascular* coat connected with the surrounding stroma of the ovary by a network of bloodvessels, and an internal coat, named ovi-capsule, which is lined by a layer of nucleated cells called the *membrana granulosa*."—*Gray*.

Ovaritis may be follicular or interstitial, in either case involving a *fibrous* structure, *which is markedly congested*. Guaiacum presents two grand requisites necessary to overcome this condition, viz.: (1) a stimulant to the engorged vessels; (2) a special action upon fibrous tissues; and in addition tends to

correct the resulting faulty nutrition by its power over the lymphatic system. In view of the remark of Professor Cleve-land, of Galway, "Quite remarkable are the effects of Guaiac in ovarian affections of inflammatory origin," coupled with our own observation, I may, perhaps, be pardoned in still further claiming for the drug *a specific effect upon the ovaries*. We have used the remedy in 10-grain suppositories, introducing one, morning and evening.

Its power, as a vascular stimulant, has also led to its efficient employment in amenorrhœa and dysmenorrhœa due to atonic conditions of the uterine system. Wisely did Bartholow write: "Guaiac is a useful remedy in dysmenorrhœa when the pain is due to *rheumatism* (italics are mine), or neuralgia;" and well does Atkinson confirm him in the following words: "Guaiacum is often productive of the greatest benefit. The *tinctura guaiaci ammoniata* is especially serviceable. In ovarian and rheumatic forms it deserves to be called a specific."—*Therapeutics of Gynæcology and Obstetrics*.

In membranous dysmenorrhœa it has also been successfully used.

Male Sexual Organs.—The well-attested power of the drug over inflammation of the ovaries suggests the probability of a similar action upon their male analogues, the testes. It should certainly prove valuable in rheumatic orchitis and simple sarcocele (chronic orchitis).

In its early history, Guaiacum was used and lauded in *all* stages of syphilis, and in all classes of patients. Our provings, however, show its sphere of usefulness to be limited. Inasmuch as no prover has subjected his blood to analysis, we cannot say whether it presents any such changes as are found in the early stage of syphilis. Certainly, we cannot rank the drug with Mercury and Kali iod. in universality of action. Its starting-point being in the fibrous tissues, we should naturally infer its especial adaptability to syphilis affecting these structures, and producing syphilitic rheumatism. Above all, would it be applicable when the poison was *engrafted upon a rheumatic diathesis*. "Persons with a tendency to rheumatism are apt to have the same tissues involved in syphilitic lesions as if they suffered from rheumatic inflammation. Hence, syphilis is often set down as a cause of rheumatism. The serous, fibro-serous, white connective tissues are the sites of the lesion in the forms of *periostitis*, *iritis*, *corneitis* and affections of the true skin" (Aitken's *Science and Practice of Medicine*.) Within the last few years, many physicians of the

old school have strenuously urged the restoration of Guaiacum to its old-time honors. Among them, Dr. Alexander McBride, of Cincinnati, has met with excellent results, the patients showing a steady improvement. He administers the drug in pill form (*vide* Napheys's *Surgical Therapeutics*, p. 588), and claims that the treatment, "applied to secondary and tertiary, is excellently adapted to external or cutaneous manifestations, and may be carried on without other medicines."

Its chief sphere of usefulness undoubtedly rests in the secondary period, including the sore throat, fever and papular eruptions.

Respiratory Organs.—In regard to the first symptom given under this heading (*vide Special Analysis*), Hempel and Arndt write: "This observation may be made available in the treatment of laryngitis and tracheitis when this affection develops itself suddenly, in consequence of a metastatic shifting of the inflammation from some external part, more particularly from the lower extremities to the respiratory organs. The presence of palpitation of the heart furnishes an additional indication in such a metastatic rheumatic inflammation."—*Vide Throat*, p. 24.

Dry cough, day or night; relieved by detaching and raising a little mucus—in patients suffering from the characteristic rheumatic symptoms.

Chronic pulmonary catarrh, even simulating phthisis, beginning as a metastasis, or extension of rheumatism or gout to the fibrous portion of the bronchial mucous membrane, with expectoration of blood and fetid pus (*vide* case reported in *Hempel and Arndt*).

The symptom, "stitches in the left side," has been found valuable in treating phthisis in the stage of suppuration and softening.

Heart.—Sudden stuffed sensation in præcordial region like an arrest of breathing; it often attacks her suddenly, even at night when asleep, and causes an almost completely dry cough which is frequently repeated until there is some expectoration.

This symptom strongly points to a rheumatic irritation of the heart, and may prove of great value in metastatic cardiac difficulties.

Hering also gives "Pulse soft, small, accelerated" (a secondary symptom).

Back and Extremities.—In rheumatism, especially of the neuralgic variety, Guaiacum is invaluable. Many an anoma-

lous case, which has resisted a *battery* of the most carefully selected remedies, will often yield like magic under its use.

The markedly *drawing* nature of the pains first suggested it in arthritis deformans, where it divides the honors with Causticum, while in "growing pains" it shares the palm with Phos. acid.

The great stiffness in the back (dura mater of the cord affected) has been abundantly verified.

In sciatica dependent upon thickening of the fibrous nerve-sheath, it ranks with Rhus and Phytolacca. Two cases, in my own practice, have verified the claim.

In lumbago it is sometimes curative, but, as a rule, is far inferior to *Rhus* or *Bryonia*.

Not only in chronic, but also in the declining stage of acute rheumatism, the drug has proved a most valuable agent. The joints are swollen, painful and intolerant of pressure; patient can bear no heat (opposite, *Rhus*); fetid urine.

A *feeling of heat in the affected limbs* will often serve to distinguish Guaiacum from its rheumatic analogues.

The emotional symptoms of great fretfulness, moroseness and obstinacy accord with its well-known value in gout, especially its power of promoting the evacuation of gouty abscesses.

Hering further speaks of its use in caries and spongy affections of the bones, very sensitive to slightest touch.

Skin.—In addition to its power over syphilitic eruptions, the remedy has occasionally done good service in papular eruptions of rheumatic patients.

Many symptoms likewise indicate its homœopathicity to *miliaria* ("miliary fever," "sweating sickness," "sudatoria," etc.).

Generalities.—Guaiacum antidotes the ill effects of *Rhus* tox. tincture (King's *Dispensatory*).

Useful in mercurial rheumatism and bone-pains. Especially adapted to old women, and to patients with dark hair and eyes.

Relationship.—"The action of Guaiac is much aided by external warmth and diluent drinks" (Bartholow). Has proven useful after abuse of mercury in rheumatism, gout contraction; antidoted *Caustic*., which had much increased the contraction of limbs in a rheumatic patient (Hering.) Is antidoted by *Nux*.

Followed Sulphur well in cholera infantum (Hering).

Miscellaneous Contributions.

DRAINAGE OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.

BY BUSHROD W. JAMES, M.D.

(Read before the County Homœopathic Medical Society May 10, 1883.)

AT the request of the chairman of the Bureau of Sanitary Science, I offer the following notes on the above subject.

The handsome brown-stone edifice recently fitted up for the CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA is a model of ventilation and sewer-drainage.

The Building Committee, determined to spare neither pains nor expense in making the hospital in every way suitable for its purposes, adopted the wise plan of employing a competent plumber to suggest what was needed and to superintend the work. They therefore held a consultation with Mr. Thomas F. Brock, Vice-President of the Hospital, and, moreover, a well-known sanitary plumber of twenty-eight years' experience. His proposition was, in brief, as follows:

1. Use no traps whatever on the main drain.
2. Let there be a clear opening from the sewer to the top of the building.
3. Never use more than one trap for the several fixtures of a room, and always locate that as near the soil pipe as possible.
4. Fit ventilation-pipes on the house-side of every trap to the waste-pipes. By this means a current of air passes continually *from* the various rooms *outwards*.
5. No work should be concealed, but all soil, ventilating and water pipes should be on the outside of the walls.

The Committee looked with deep interest upon these novel suggestions—so at variance with the usual methods in vogue. But, confident of Mr. Brock's ability to carry them into execution, they adopted his plans and urged that he superintend the work of construction.

If there were any lingering doubts as to the success of the plans, they have been fully removed; for, after a practical demonstration of their workings during the past sixty days,* it is certain that they have accomplished all that was claimed for them, and the visiting physicians and surgeons of the institution, and the medical staff at large, have had every opportunity of testing them.

At last it has been unequivocally proved that a building can be fitted up with all the modern conveniences without

[* Since extended to eight months. Eds.]

the least danger of contamination from impure air and poisonous gases.

At the commencement of the plumbing, a cast-iron, tar-coated pipe, six inches in diameter, was run from the sewer to a point within the cellar of the hospital—a distance of about one hundred feet. It has a fall, from house to sewer, of five inches. From its entrance into the cellar, it is extended along the wall and then upwards through the building and out through the observatory to the height of four feet above the roof of the latter. *There is no trap of any kind in this pipe.*

About thirty feet from the sewer a four-inch pipe is attached to the six-inch pipe, and is designed to drain the water-closet and wash-stand of the building used by the out-patients. This building stands at some distance from the hospital building.

As none of the rain-conductors are directly connected with the drain, two openings are provided in the yard to receive the surface water and the water from these conductors.

Just before entering the cellar the six-inch drain passes about two feet below the floor of the laundry. An outlet is left in this pipe, upon which is placed a deep trap. The opening is extended to the surface by walls of brick and cement, and is covered over with a heavy iron grating. Just below this grating the waste from the laundry tubs and from the rain-conductors of the main building enters, forming what is called a broken connection with the drain-pipe. In the kitchen is located a large iron sink, to which hot and cold water is supplied by pipes screwed into the back. The waste from the sink passes down through the floor and enters a two-inch cast-iron trap let into the four-inch cast-iron drain. Between the sink and the trap is the ventilating pipe, which is connected with the waste, and also with a pipe running through the range flue. In the hall adjoining the kitchen is the servants' water-closet, which is connected with the four-inch iron drain by means of a four-inch iron **S** trap. This closet has a ventilating-pipe from the hopper just above the water-line of the trap, which extends to the ventilating-pipe in the kitchen flue. On each of the three floors is a bath-room, in which are placed a bath-tub, a water-closet, a slop-sink, and a wash-stand. Under each hopper a four-inch **S** trap is let into the perpendicular four-inch drain-pipe. This pipe is made with a two-inch Bell branch, placed immediately above the water-line, from which is run a two-inch C. I. T.

C. pipe. This latter receives the waste from the several appliances in the bath-rooms. From the different hoppers, just above the water-line of the trap, runs a ventilating-pipe, which also connects with the ventilating-pipe in the range flue. On each of these is placed a gas-box ventilator, which assists the ventilation at night, and which also furnishes light. An anti-siphon pipe is run from each trap, all connections being made by trap-ferrules, with leaded and soldered joints. The closets and wash-basins of the out-patient department are erected and ventilated in the same manner as those of the main building.

Each closet is constructed of a solid piece of porcelain, made into the hopper-pattern, and provided with a self-acting cistern of excellent flushing capacity.

The wash-stands, sinks and bath-tubs are made of enamelled iron, and are provided with water-attachments of special construction.

The laundry-tanks are composed of porcelain. They are supplied with hot and cold water through a three-inch, cast-iron water-main.

Each story of the building receives separate water-pipes, thus obviating the difficulties arising from insufficient supply or the trouble of carrying water from floor to floor.

Hot water is prepared in two boilers, belonging to separate ranges. They are so arranged that they may be connected and disconnected as desired. They communicate with a common reservoir, from which supply-pipes go to all parts.

By way of test, if a lighted taper is thrust into an opening of any of the vent-pipes, *its flame is invariably drawn downwards*—proof positive of complete ventilation with its comforting immunity from a prolific cause of disease.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

(REPORTED BY C. MOHR, M.D., SECRETARY.)

THE stated meeting of the society was held at the Hahnemann Medical College, on Thursday evening, September 13th, 1883, Dr. W. B. Trites, president, in the chair. Forty members were in attendance.

The minutes of the June meeting were read and approved.

Dr. W. K. Ingersoll, chairman, reported that he had associated with him, on the Bureau of Anatomy, Physiology and

Pathology, Drs. W. C. Goodno, P. O. B. Gause, H. F. Ivins, and I. G. Smedley.

Dr. John E. James, chairman, announced that the Bureau of Surgery would submit a report at the October meeting, but could not announce any subject for special discussion.

The Standing Committee on Organization, Medical Education, Statistics and Legislation, reported, through Dr. E. M. Gramm, that, owing to the illness of the chairman, Dr. John K. Lee, no action had yet been taken on the recommendations in the president's annual address, but that other matters, submitted to the care of the committee, were receiving due attention.

The Committee on Entertainment of State Society reported through Dr. W. K. Ingersoll, that all arrangements had been effected, and would, doubtless, be carried out to the satisfaction of the society. A recommendation of the committee, that each member of the society be assessed \$2 to defray the incidental expenses, was duly approved, and it was so ordered.

The Censors reported favorably on the applications for membership by Drs. W. H. Cowgill, J. R. Holcombe, D. Howard Johnston, J. J. Jones, Philip J. Langer, William Peacock, and George W. Stewart, whereupon these gentlemen were duly elected.

Applications for membership were made by Drs. William Yearsley, Park D. Shemp, and Eliza F. Pettingill. Referred. The Bureau of Pædology, Eliza Lang McClure, M.D., chairman, submitted two papers:

a. "Causes of Chorea," by Mary Branson, M.D.

b. "Convulsions in Children," by Theodore F. Conover, M.D.

The papers were read, and referred for publication, and afterwards discussed by Drs. Farrington, Dudley, J. J. Griffith, Toothaker, Morgan, Bartlett, and R. C. Allen.

Dr. Samuel Brown was appointed Chairman of the Bureau of Pædology for the ensuing year, and then the society was declared adjourned by limitation.

The stated meeting of the society was held at the Hahnemann Medical College, on Thursday evening, October 11th, 1883. In the absence of both president and vice-president, Dr. Pemberton Dudley occupied the chair. Forty-four members were present.

The minutes of the September meeting were read and duly approved.

The Censors reported in favor of the applications for membership made by Drs. Eliza F. Pettingill, Park D. Shemp, and William Yearsley, whereupon the society duly elected these physicians.

Dr. Samuel Brown being absent, no report, as to the composition of the Bureau of Podology, was forthcoming.

Dr. Horace F. Ivins, Chairman of the Bureau of Ophthalmology, Otology and Laryngology, announced that the report for the November meeting would embrace papers on "Color Blindness," on "Ear and Throat Remedies," on "Medical Ophthalmoscopy," and on "Bilateral Paralysis of the Abductor Muscles of the Larynx."

Dr. E. M. Gramm, for the Standing Committee on Organization, etc., made the following report :

Your Committee on Organization, etc., respectfully reports that, after a mature consideration of the resolution,

"*Resolved*, That the Standing Committee on Medical Education be instructed to consider and report upon the expediency of providing for the preliminary examination of persons desiring to engage in the study of medicine under the preceptorship of members of this society, the awarding of certificates to those found qualified, and the adoption of other measures designed to encourage such persons in their studies," which was referred to a former committee, and which our worthy president has desired the present committee to act upon, it has been unanimously decided to return it to the society, with a negative recommendation, because,

Firstly, The society has no means of making such an examination compulsory, and, if it is not made compulsory, the good which it is intended to accomplish will not be achieved, since students who feel their incompetency would not voluntarily present themselves for examination.

Secondly, If it could be made compulsory, many persons who desire to become students of medicine would simply enter the offices of non-members of the County Society, and by that means insure their admission into the college.

Furthermore, your committee is unanimously of the opinion that, at the doors of the college, everyone should be interrogated as to his qualifications to understandingly pursue the study of the various branches taught there. The standard should be high, and each one's fitness should be determined by a rigid examination under the auspices of the authorities of the college. We know that financial grounds prevent any such plan from being consummated at once, but we feel that every member of the County Society, who now upholds the dignity of the profession by declining to receive into his office any person, whose lack of education unfits him for receiving the training necessary to become a physician, will industriously labor to elevate the standard of medical education, by placing our college in a position to reject incompetent students without becoming financially embarrassed.

(Signed)

J. K. LEE,
E. BOYLSTON JACKSON,
S. HASTINGS BROWN,
CHARLES F. GOODNO,
EDWARD M. GRAMM.

The report was accepted, and, on motion, it was voted to defer further action until the November meeting.

The report of the Bureau of Surgery, John E. James, M.D., chairman, was next in order, and the following papers were duly read, and referred for publication, viz.: *a.* "The Law of the Similars, applied to Surgery," by M. Macfarlan, M.D.; *b.* "The After-Treatment of Abscesses," by John E. James, M.D.; *c.* "Iron-Dyed Silk for Sutures and Ligatures," by John E. James, M.D.

A discussion ensued, participated in by Drs. Morgan, Mohr, Sharkey, McClure, Williamson, Ivins, Hickman, Dudley and J. E. James.

Dr. William T. Maguire was appointed Chairman of the Bureau of Surgery for the ensuing year.

At 10.20 o'clock P.M., the society voted an adjournment.

AN EXPLANATION.

PHILADELPHIA, October 15th, 1883.

EDITORS HAHNEMANNIAN MONTHLY: In your report of the proceedings of the recent meeting of the State Society, your reporter, in giving an abstract of my paper read before the society, makes me say that I treated *all* the cases of placenta prævia reported by me, "by tamponing the cervix with Barnes's bags, *removing the placenta*, and delivering the child." Since he also states that of the four cases, one of the children was saved, I fear lest his report may reach the eye of some practical obstetrician who may not have access to my original paper, and who may wonder at such a result from such a method. I therefore wish to call your attention to the fact that my paper reports but *one* case where the placenta was removed, and the reasons given for its removal; and I need not add that in this case the child was dead when delivered.

Your reporter furthermore refers to my cases of craniotomy and decapitation. This, in itself, would be all right if he had not followed this mere reference with a remark of Dr. Morgan's expressing his horror at "the idea of taking infantile lives," and that "in a practice of thirty years he had never been obliged to take the life of a child to save that of the mother."

Now, Mr. Editor, my objection to this report is that you make it appear that I was advocating "the idea of taking infantile lives," and Dr. Morgan felt called upon to protest against such a "horrid idea," and would, from his experience of thirty years, criticise any one who did such a thing even to save the mother's life.

My paper simply related a number of cases where craniotomy or decapitation was imperatively called for, and I cannot suppose Dr. Morgan intended any such sense to be given to his remarks as that he would have the obstetrician to sit by and wait for the child to die at the risk of the mother's life for want of assistance in such cases, but was probably congratulating himself that in all his years of practice such an unfortunate duty had never been forced upon him.

Respectfully,

J. NICHOLAS MITCHELL.

RESEARCHES WITH DIPHTHERITIC MICROCOCCI.

IN finally considering the nature of diphtheria, the facts which have been established should be carefully thought over. They may be stated as follows:

The micrococci of diphtheria do not differ, so far as observed, from the micrococci of furred tongue, etc., except in their tendency to grow in culture fluids.

The micrococci of furred tongue, or ordinary sore throat have a less tendency to grow under culture than have the micrococci of endemic non-malignant diphtheria.

The micrococci of endemic or non-malignant diphtheria have a much less tendency to grow under culture than have the micrococci of malignant diphtheria. The rapidity of growth of the micrococci is in direct proportion to the malignancy of the case yielding them, and its contagiousness.

On exposure to the air, diphtheritic membrane of the most virulent type loses its contagious power, and the micrococci *pari passu* lose their power of growing in culture fluids.

Under successive generations of artificial culture, the diphtheritic micrococci lose their growth, activity, and also their power of infecting the rabbit.

It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favoring circumstances the sluggish micrococcus puts on growth-activity, and, in all probability, *poisonous properties*.

Every grade of case can be found in man, from an ordinary sore throat, through simple pseudo-membranous angina and tracheitis, up to malignant diphtheria.

Any inflammation of the trachea of sufficient intensity may cause the formation of a pseudo-membrane.

A case may begin as one of sthenic "pseudo-membranous

croup," and end as one of adynamic "diphtheria," with blood-poisoning; and in cases of this character, not infrequently, no exposure to contagion is discoverable, and there is clinically every reason to believe that the blood-poison has been developed within the body of the patient. The theory of the disease which we would deduce from these facts is that the micrococcus, which directly or indirectly causes the diphtheria, is not a specific organism different from that common to healthy and inflamed throats, but in an active state of that organism; that certain circumstances outside of the human body are capable of throwing this common micrococcus into this condition of active growth, and engendering an epidemic of diphtheria. When diphtheria is thus epidemic the micrococci light upon a throat, and if the throat have little resisting power, as in the child, inflame it or increase a catarrh already existing, into a violent inflammation, and also rapidly enter the blood, and cause systemic poisoning.

On the other hand, a catarrh in a weakly subject may, in the beginning, be simply an inflammation from cold, but the ordinary micrococci in the throat or mouth, favored by the special conditions, etc., may gradually change from the dormant to the active state, and by and by act upon the throat, and at last force their way into the system, and a self-generated diphtheria be formed out of a "cold."

It has already been abundantly proven that there is no specific character detectable in the micrococci of diphtheria. The history of wounds infected with diphtheritic poison, and of those infected with hospital gangrene, lends further countenance to the idea that diphtheria, and certain other septic diseases, are really different manifestations of the one affection, the difference in symptoms depending rather upon the difference in the location than in a difference of the nature of the septic process: *Supplement No. 17, National Board of Health Bulletin.*

HOW TO KEEP FROM DROWNING.—This has been a notable summer for cases of drowning. High seas, rough rivers and unduly active eddies have carried hundreds of bathers out of their depth into watery graves. In many of these instances, certainly in the majority of instances in rivers, presence of mind, enough to remember the buoyancy of water, would have saved life. If a pleasure-boat capsizes, it is safety itself to let the water support ninety-nine-hundredths of the weight of the body, and let the upturned boat support the remaining one-hundredth by merely bearing the hands. An overturned bucket, a chair or a plank, if required to bear but a portion of one's weight, will keep the head above water.—*Exchange.*

1883.]

THE
H A H N E M A N N I A N
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., November, 1883.

No. 11.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

DANGER AHEAD.—In the intervals between the sessions of National and State medical societies, it seems to be the especial duty of homœopathic journals to guard, or at least to warn, the profession against the schemes and manœuvres of its enemies. Acting out this duty, it seems judicious to call professional attention to the danger which threatens homœopathy in the State of New York, and, through it, homœopathy in all the other States. If any reader is disposed to regard us as alarmists, we have but to say, in reply, that we have no confidence whatever in the honesty of the allopathic profession as an organized body, believing that it possesses a working majority which scruples at no means to compass the overthrow of the rival school.

There is, in the State of New York, an organization, now nearly a century old, which, for some inscrutable reason, is denominated "The University of the State of New York." Our readers must not suppose that this sonorous body is actually engaged in the work of education; it is simply the educational bureau of the State government, though possessing

some special powers and authority over public educational institutions.

This university does not possess such things as "Faculties" of Law, of Medicine, of Theology, of Art, or of Science. But it is now proposed that it shall have, at least, a "Medical Faculty." This faculty, however, is not to engage in teaching medicine or surgery; indeed, its members are to be prohibited from such work. Its business is to examine, and, at its discretion, to recommend the licensing of men and women to practice, and, in certain cases, to revoke or annul licenses.

The draft of the proposed new law relating to this subject appears to have originated in the society of Erie County (the county in which Buffalo is located), but we strongly suspect, from the tone of certain journals inside and outside of the State, that it really had a much wider origin. A few words as to the provisions of the bill:

1. The "Medical Faculty of the University of the State of New York" is to consist of nine legally authorized practitioners of physic and surgery, to be appointed by the governor, and to serve for a term of five years. Of these, there are to be six allopathists, two homœopathists, and one eclectic; *i. e.*, the allopathists are to constitute *exactly two-thirds* of the "Faculty." (Section 1.)

2. The Chancellor of the University is to issue "an order" to the Medical Faculty, "instructing them to examine any candidate possessing the necessary qualifications" as to age, moral character, etc., *provided*, the candidate has received a diploma from some legally incorporated medical college held to be *in good standing*." (Section 6.)

3. The "standing" of medical colleges is to be decided, not by the chancellor, but "*by the said Medical Faculty*," *i. e.*, of course, by a majority thereof. (Section 6.)

4. The examination in anatomy, physiology, chemistry, etc., and in the operative practical branches, is to be the same for all classes of candidates. The questions in materia medica, therapeutics, practice, etc., are to be prepared for each candidate by the representatives of his own particular "school" in the Faculty. (Section 4.)

5. Each examiner is to report to the Chancellor the questions and answers, and *his opinion as to the qualifications and merits* of each candidate. (Section 3.) "The Regents of the University, after finding that not less than two-thirds of the members of the Faculty have voted in favor of a candidate, *shall* issue to him or her a license to practice." (Section 7.)

6. The Faculty, by a two-thirds vote, and without any action by the Chancellor or Regents, may revoke a license for "unprofessional or dishonorable conduct," of which conduct they are to be the sole judges, or, they may, for like cause, refuse to recommend a license. (Section 7.)

From the above it will be seen: *First*. That the six allopathic members of the Faculty will constitute a two-thirds majority, with power to carry out any and all measures they may desire, and in spite of any opposition or resistance on the part of the other members. *Secondly*. They can prevent the examination of homœopathic and eclectic graduates by declaring their colleges "not in good standing." *Thirdly*. They can prevent the licensing of all other homœopathists and eclecticists by declaring their conduct "unprofessional," or "dishonorable." *Fourthly*. They can, upon similar pretexts, revoke the licenses of homœopathists and eclecticists already in practice. *Fifthly*. Any allopathic candidate can secure a license, in spite of the remonstrance or opposition of all the homœopathic and eclectic members of the Faculty; but *no homœopathic or eclectic candidate can be licensed except by the consent and aid of at least three of the six allopathic members*.

It is sufficiently evident, then, that this proposed new medical license law is a cunningly devised snare and fraud. Lest the proposition to include homœopathists and other non-sectarians in the Faculty should arouse the opposition of allopaths, the *Buffalo Medical and Surgical Journal* makes haste to explain that this new body "will have power to say what schools in this and other countries are in good standing, and to declare what is and what is not professional conduct;" and adds, "Surely, these are not compromise provisions." The *Philadelphia Medical Times*, of September 22d, says: "Whether we like it or not, if success is to be achieved the existence of homœopathy must be recognised in the formation of the board." But whether the *rights* of homœopathic physicians are to be recognized *by* the board, the *Times* doesn't say. Other allopathic journals are urging that strenuous efforts be made to secure the enactment of the law at the next session of the legislature.

We are informed by our Buffalo contemporary that "the movement is watched with intense interest by the profession (?) all over the country, and a victory . . . in the Empire State insures the rapid introduction of similar laws in every State of the Union." If, however, its friends do not prove the truth of the adage, "There's many a slip," etc., it will be because

the New York homœopathists have forgotten their glorious record. The Erie County society will have a pleasant time of it, endeavoring to convince people that three out of six allopathic physicians are willing to sign a document recommending the issue of a license to a homœopathic practitioner with whom they dare not afterwards hold professional intercourse.

The authors of this transparent legislative fraud will disclaim any dishonest or dishonorable motive; of course they will. But if they are really anxious to attain the high object for which they *profess* to be striving—the divorce of the teaching from the licensing function—let them so modify their bill as to provide that but four of the members of the Faculty shall be allopathists, three homœopathists, and two eclectics. Or, better still, let them provide for a distinct board for each school of practitioners, and invest each of these boards with full and equal powers. And first of all, let the allopathic friends of the measure no longer try to make their fraud respectable by tacking it to the tail of their so-called “University.” What sort of a divorcee is it, to take the licensing power from an educational faculty and give it to an educational bureau? The whole project is a weak, a *very* weak invention of the enemy. If the honest portion of the medical profession in the State of New York does not blow the whole infamous scheme into thin air, we shall account ourselves false prophets.

CORRECTIONS.—In Dr. Peek’s article, entitled “A Young Physician’s Death List,” on page 525, current volume (September number), at about the middle of the page, “medical cure” should read “medical *care*.” The mistake of a single letter mars the entire paragraph. In the sixth line above this mistake, the word “worse” should be *worst*; the author claiming that the superlative is very *positive* in degree as here used.

Again, in the October number, page 612, in our account of the proceedings of the Pennsylvania State Society, we reported President Hasbrouck, of the New York State Society, as having “diverted the discussion to albuminuria.” The fact is, the subject of albuminuria was a part of the bureau report under consideration, and was, of course, a perfectly proper subject of discussion. “Diverted” should read *directed*. The general editor takes all the blame for these three errors, and hopes to be excused for them.

DR. F. H. ORME.—Our readers will be pained to learn of the accident to Dr. F. H. Orme, of Atlanta, Ga., as mentioned in our news pages, and thankful at the same time that

the doctor's valuable life is spared to us. There need be no hesitation in saying that he has the sympathy and the best wishes of the whole homœopathic profession, and particularly of his colleagues in the American Institute, of which he has been for a quarter of a century an honored and distinguished member.

Just before going to press we opened telegraphic correspondence with the doctor, and obtained from him a dispatch to the effect that his injuries had been skilfully treated, and that he was doing well and in cheerful spirits.

Notes and Comments.

ETIOLOGY OF PROFESSIONAL IMPECUNIOSITY.—It is proverbially difficult for young physicians to establish themselves in practice. The reason is, that they do not advertise. The old doctors have been shrewd enough to render advertising a sin in a physician.—*Lowell Courier*.

OBSTETRICAL PROCEDURES.—*Professor*. Why should a new-born child be kept upon its right side? *Student*. To close the ileo-cæcal valve. *Professor*. Hm-m-m! How would you arrest a post-partum hæmorrhage? *Student*. By ligating the post-partum artery. The professor's symptoms were so violent that it required seven policemen to remove him to the hospital.

HOMŒOPATHY IN INTERMITTENT FEVERS—Dr. Thomas Houghton, of Paris, Texas, claims to cure malarial affections without resorting to large doses of Quinine—*Texas Homœopathic Pellet*, September 1883. So do Drs. William A. Allen of Flushing, and H. C. Allen of Ann Arbor. Each of these Drs. Allen has published a brochure of practical value to all who care to vindicate homœopathy. We insert this note for the benefit of those who purpose contributing to the *Encyclopædia of Homœopathic Practice*. F.

MUSCARIN POISONING SIMULATING CHOLERA.—Prof. Boehm, of Marburg, has determined that several of the mushrooms, like arsenic, cause a casting off of the intestinal epithelium.

Muscarin, administered by subcutaneous injection to cats, produced choleric symptoms, violent vomiting and purging, at first fecal, afterwards white masses of mucus, containing partly isolated epithelial cells and partly membraniform casts, shaped like a glove-finger.—*Virchow's Archives, Phila. Med. Times*.

SO TOUCHING.—After quoting from the *Homœopathic Leader*, concerning the purity of sugar of milk, the *Philadelphia Medical Times* thus pathetically discourses: "Verily, with the discoveries of modern science becoming more and more brilliant, the way of the honest, sincere homœopath is growing hard; but then the race of honest, sincere homœopaths who toil along this pathway, rugged and stony with its absurdities and its contradictions, is almost extinct. It is the by-path of pretence and fraud, whose rough places are being trodden smooth by so many feet eager to barter self-respect for gold."

USE OF THE PERINEUM.—During the recent meeting of the American Gynecological Society in Philadelphia, Dr. T. A. Emmet denied that the

perineal body acts as a supporter. He also took exception to the common belief that ordinary cases of perineal laceration cause uterine displacement. He thinks that no symptoms result except those of a reflex nature. Contrast these speculations with the following solid words of Dr. B. F. Betts, uttered in another place almost simultaneously with those of Dr. Emmet: "Take no man's advice as conclusive, but judge each case for itself, and operate or not, accordingly."

RETALIATION.—The Jefferson County (Alabama) Medical Society (Allopathic) has fulminated a resolution forbidding its members to "extend any sort of professional service or advice to patients under the care of homœopathic practitioners." The homœopathic society of the same county has adopted a counter resolution, couched in precisely similar language, which shows most effectively the childish folly of their opponents. Still it would seem the better plan for homœopaths to avoid all expressions likely to lower them in public estimation to the level of their calumniators. Let us be professional gentlemen, despite the adverse influence of unfavorable example.

A BRAND NEW DISCOVERY.—Dr. Gifford makes a tincture of the leaves of the *Rhus toxicodendron*. This he reduces to the 3d decimal dilution, and gives of it two drops, night and morning, to cure rheumatic inflammation of the sheaths of nerves and tendons. "This may look like small dosing," he complacently observes, "but I have found one case in which it was too large, and none where it was too small."—*Cincinnati Lancet and Clinic*.

Dr. Gifford has had more than twenty years' experience with *Rhus*. Hahnemann similarly employed *Rhus* in 1814, sixty-nine years ago; but Hahnemann was only a homœopath, or, worse still, only a Hahnemannian.—EDS.

THE COMING STATE UNIVERSITY.—If the coming university is to be indeed a State institution in all that the term implies, then the desires and wishes of the whole people should be met. If the people see fit to differ as to the best and most efficient mode of medical treatment, it is their affair, and they are not to be questioned in the matter any more than in the exercise of their religious liberties. To circumscribe medical education in the university to one particular system would be, in effect, transforming a State institution into the partisan advocate of the dogmas of a particular class of practitioners, something which ought not to be tolerated. The university should not only be non-sectarian, but non-partisan also, and its management should be characterized by that degree of liberality so urgently demanded by the progressive thought of the day. If it require several kinds of doctors to satisfy all the people, then they should be furnished because the institution belongs to and is established for all the people.—Editor of *Houston (Texas) Post*.

A NEW SOURCE OF INFECTION.—Professor Cohn, considering the extreme lightness of a bacterium (.000,000,001,57 of a milligram), supposes that small particles of bacterial dust may be carried up by ascending currents beyond the attraction of our planet, and wander into space until at last they may reach the atmosphere of other worlds! Professor Kippax, in his otherwise excellent work on Fevers, seriously adds: "Reversing the order, it is not more unreasonable to suppose that particles carried beyond the attraction of other worlds may eventually reach our atmosphere and multiply and fill the earth!" As our city streets and sewers are in such excellent condition, our ports securely protected against foreign infection, and our populace naturally virtuous and orderly, it may be that we owe inexplicable epidemics of crime and disease to our nearest planets. Is the

saucy-faced Moon puffing forth the seeds of lunacy? Is bloody Mars hurling at us germs of war? Is Venus corrupting our youth, and Neptune breeding direful storms?

Most earnestly do we urge the establishment of an aerial sanitary board, which, provided with balloons, and Mother Goose's broom, will at once proceed to sweep the skies and save us from actual or impending planetary infection. It would be well, however, not to interfere with Jupiter's exhalations, since these must necessarily be full of all that is pleasant and jovial.—EDS.

New Publications.

THE TREATMENT OF WOUNDS; ITS PRINCIPLES AND PRACTICE, GENERAL AND SPECIAL. By Lewis S. Pilcher, A.M., M.D. Wood's Library for 1883.

This work sets forth the principles of the treatment of wounds, and then describes approved methods of carrying these principles into effect. In the first part, are considered the prevailing views upon traumatic inflammation and germ-theories, and the numerous disinfectants proposed by surgeons.

The author believes that the most potent, and, at the same time, most practical germicides, are Mercuric bichloride, Iodine, and Carbolic acid, though peculiar circumstances may make Naphthalin or Boric acid all-important.

In the sections on treatment, all sorts of ligatures, sutures, bandages, and protective dressings are explained and illustrated, and special operations are given in detail. All things considered, this August issue is the most valuable of the series for 1883. F.

THE LAW OF SIMILARS; its Dosage, and the Action of Attenuated Medicines. By C. Wesselhøft, M.D. Published by Otis Clapp & Son, 1883.

This neatly printed little book contains, in condensed form, the sum and substance of several supplementary lectures delivered by Professor Wesselhøft, at the Boston University School of Medicine, in the winter of 1882, 1883.

As we glance over its pages we are much pleased with their contents; indeed, so in agreement are they with our own mode of lecturing, that in reading them we experience that pleasure which comes from unanimity of thought and opinion.

Part II., however, which, by the way, is headed properly: "On the Dose," etc., instead of "Its Dosage," as it is rather awkwardly put on the title-page, sets forth extreme views that we cannot accept. Neither Dr. Wesselhøft nor any other experimenter has succeeded yet in demonstrating from established premises, that the 6th centesimal expresses the limit of attenuation of medicines. And we are sorry to see so extreme a view taught in the work. F.

TOBACCO: ITS EFFECTS ON THE HUMAN SYSTEM. By Dr. William A. Alcott, with Notes and Additions by Nelson Sizer. Published by Fowler & Wells, and for sale by J. B. Lippincott & Co., Philadelphia. Price 25 cents.

Dr. Alcott's little work has been widely circulated, and has become so well known that it needs no formal introduction.

That tobacco is abused, and that it is injurious to all young boys and to many adults also, are facts admitted by all medical men. But to say that it is an unmitigated evil, enslaving, debasing, and disease-producing, is to exaggerate its ill-effects, and tends to prejudice the reader against the acceptance of even its more conservative statements.

To some persons tobacco is of great use; let them use it, then, being careful not to overstep proper bounds, whether as to quantity consumed, manner of using it, or annoyance of the many to whom tobacco smoke is extremely unpleasant. "Slaves of tobacco" may find salutary advice in the book under notice. F.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY; Authors and Subjects. Vol. IV. E. —Fizes. Washington: Government Printing Office. 1883.

We learn, from a prefatory note by Surgeon J. S. Billings, who has charge of the work of compiling the Index-Catalogue, that this fourth volume contains 4802 author-titles, representing 1926 volumes and 3885 pamphlets. It also includes 12,361 subject-titles of separate books and pamphlets, and 48,977 titles of articles in periodicals.

As an indication of the extent of the library of the Surgeon-General's office, we may mention that the "Ear" and its literature require 70 columns, the "Eye" 198 columns, "Education" 128 columns, "Epilepsy" 56 columns, "Fever" and "Fevers" 600 columns, and other subjects in proportion, each column containing, on an average, about as much matter as two pages of Ziemssen's *Encyclopædia*.

Gleanings.

LEPROSY.—Drs. Fox and Graham, at the recent meeting of the American Dermatological Association, submitted the following propositions concerning leprosy: 1. Leprosy is a constitutional disease, and, in certain cases, appears to be hereditary. 2. It is undoubtedly contagious by inoculation. 3. There is no reason for believing that it is transmitted in any other way. 4. Under certain conditions a person may have leprosy and run no risk of transmitting the disease. 5. It is not so liable to be transmitted to others as is syphilis in its early stages. There is no relation between the two diseases. 6. Leprosy is usually a fatal disease,—its average duration being from ten to fifteen years. 7. In rare instances there is a tendency to recovery after the disease has existed many years. 8. There is no valid reason for pronouncing the disease incurable. 9. Judicious treatment improves the condition of the patient, and often causes a temporary disappearance of the symptoms. 10. There is a ground for the hope that an improved method

of treatment will in time effect the cure of leprosy, or at least that it will arrest and control the disease.—*N. Y. Med. Record*, Sept. 8th.

THE SIGNIFICANCE OF HÆMORRHAGE DURING THE EARLY MONTHS OF PREGNANCY.—Dr. Grandin tabulates the causes of hæmorrhage during the early months of pregnancy to be as follows: Menstruation; erosion of the cervix; diathetic diseases, such as scurvy and hæmophilia; partial separation of the secundines; congestion at the menstrual epoch; frequent and violent sexual intercourse, particularly at the time when the menses might return; cancer; fibroids; polypi; endometritis existing at the time of conception; cystic disease of the chorion; and (in the multipara) laceration of the cervix. Menstruation may recur two or three times after conception. The flow, however, must be limited in amount, else the freshly attached ovum would run great risk of being washed out in the current. Cases of menstruation, throughout the course of pregnancy, must be looked upon with suspicion, as far as the inference that the blood comes from the uterine cavity is concerned. There are other causes which will explain satisfactorily the occurrence. In case of erosion of the cervix the discharge is usually reddish-white or reddish-yellow in color, although it may assume the magnitude of an alarming hæmorrhage. The cervix exposed by the speculum, a reddish spot of varying size will be seen, from which the blood oozes. The application of nitrate of silver (3j-3j) here suffices for a cure. It is a function of the uterus to receive and give exit to blood every four weeks, possibly itself add to it; and, this being its habit, it is but natural for it to endeavor to keep on fulfilling the function, even though containing an impregnated ovum. Since, however, the cervix, as well as the body, becomes congested, it may fairly be presumed that the hæmorrhage comes from the cervical canal alone, particularly in cases where the gestation has advanced to nearly the fourth month. Sexual intercourse is a frequent cause of hæmorrhage during gestation, especially among the newly married. Coition attracts blood to the genitals, and brings into play a greater amount of congestion than is normally present. Sometimes the penis impinging on the cervix shocks the uterus, and leads to a partial separation of the secundines, and the consequent hæmorrhage. Epithelioma, fibroids, and polypi cause hæmorrhage, the same as during the non-gravid state. If there is sufficient bleeding to endanger the mother, the indicated treatment is the same as if pregnancy did not exist. Endometritis, existing at the time of conception, gives rise to irregular discharges, varying in color from red to yellowish-red and white. These generally occur toward the end of the third month. An examination will not show the cause of the trouble. We can only diagnose the endometritis from the previous history of the patient. Cystic disease of the chorion may cause hæmorrhage. Symptomatic of this affection is a larger uterus than corresponds to the date of gestation, an increase in the early subjective accompaniments of pregnancy, and, at about the third month, at times before, the occurrence of a reddish, watery discharge, containing portions of the degenerated villi. This last point establishes the diagnosis with certainty. When the hæmorrhage is profuse, it is probable that there is no longer a living embryo, and thus the indication for treatment is to empty the uterus. Laceration of the cervix may give rise to hæmorrhage.—*Am. Journ. Obs.*, Sept., 1883.

THE EFFECT OF MENTAL WORK ON HEALTH.—While there may be some sense in depreciating what has been called the "forcing system" in schools, from a sanitary point, we have never been convinced that intellectual work was often the real cause of the physical ills so freely imputed to it. We are glad to observe, therefore, that Sir Lyon Playfair has recently cited facts before the British House of Commons that positively disprove the theory alluded to.—*N. Y. Med. Journ.*, Aug. 18th, 1883.

A CASE OF INFANTILE MENSTRUATION.—Dr. A. Van Deveer reports the case of a child, two years and seven months old, who began a regular normal flow, lasting from four to five days, when she was four months old, and which has continued every twenty-eight days since. The features and form of the child are those of a girl ten or twelve years old. Her mammary glands are as large as a small orange. The mons veneris is well developed and covered with a full growth of hair. All parts of the vulva are fully formed. Her appetite and tastes belong to a child much older.—*Am. Journ. Obstet.*, Sept., 1883.

ON THE PECULIAR APPEARANCE OF THE INITIAL LESION OF SYPHILIS AT THE EARLIEST PERIOD OF ITS DEVELOPMENT.—Dr. R. W. Taylor has had under his charge two cases of syphilis, in which he had opportunities for observing the initial from the very beginning. The practical conclusion derived from seeing these cases is, that at its evolution, the chancre may appear simply as a small, unelevated, silvery spot, seated in the mucous membrane, without any inflammatory areola. This spot may thus remain superficial and free from ulceration and induration for nearly two weeks, after which time and even before it may increase in development, and assume the appearance of a typical, indurated chancre. The initial lesion may also appear as a minute, sharply rounded, excoriated spot, the surface of which is neither elevated nor depressed, and appears like a superficial erosion of the epithelial cells of the mucous membrane. Generally these spots are of a sombre red color, which, later on, may become coppery red, and usually are not the seat of hyperæmia. The initial may also appear in the form of a small, slightly elevated papule, having a deep, unbroken surface. It may run its whole course without ulceration or excoriation, or it may become transformed into the parchment-like chancre. This last form usually occurs in persons who have a short prepuce, or in those who have none.—*N. Y. Med. Rec.*, Sept. 8th, 1883.

THE RELATION OF MERCURY TO IRITIS.—Dr. Richard Hughes does not believe that mercury bears a homœopathic relation to iritis. In support of this view he states that notwithstanding the large number of cases of chronic poisoning by this drug, iritis has not been among the symptoms thus produced, excepting, perhaps, in the cases reported by Graves and Travers. Hahnemann, in his list of symptoms produced by mercurial preparations, gives no instances of iritis. Hüber quotes Basedow, who observed a case of iritis in a non-syphilitic individual occurring after mercurial inunction. Hughes suggests the possibility of the iritis in this case being the result of exposure to cold. Turning to the evidence which therapeutics affords, we learn from old-school writers that mercury is imperatively called for in cases of syphilitic iritis, and it should be given in doses sufficiently large to produce the physiological effects. That mercury, in homœopathic doses, is supposed by members of our own school to be valuable in iritis is undoubted. Drs. Norton, Vilas, James, Angell, and Lewis mention it as one of the remedies for this affection. Now these gentlemen combine with the initial administration of mercury the local use of atropia, with which latter alone cases may often be cured. The therapeutic evidence, then, is not sufficient to outweigh the absence of sufficient data from the physiological side, and the homœopathicity of mercury to iritis is, at the least, "not proven."—*Annals Brit. Hom. Soc.*, Aug., 1883.

TRACTION SUTURE.—It not infrequently happens, when a large portion of integument has been cut away, that the healthy borders cannot be fully approximated; and, even an attempt to do so, is accompanied with such a degree of tension that the sutures soon cut their way out. In these cases Dr. O. H. Allis employs the following device: After drying the skin thor-

oughly he applies strips of adhesive plaster from the margin of the wound in the direction he wishes the suture to hold. He then passes his needle deeply through plaster and skin. Before tightening the sutures an assistant approximates the margins of the wound by pressure from his hands. Sutures thus employed will continue an efficient action much longer than the ordinary integument sutures.—*Annals Anat. and Surg.*, Sept., 1883.

ACONITE IN SCIATICA.—Dr. Hartmar reports two cases of sciatica, in which the pain along the course of the sciatic nerve was associated with a numbness or tingling, as if the affected part was going to sleep. Aconite made a prompt cure in both cases.—*Homoeopathic World*, August, 1883.

TYPHOID FROM POLLUTED WATER.—The health authorities of Newburg, N. Y., are investigating an epidemic of typhoid fever, which appears to be connected with the pollution of drinking-water. The cases—some 18 or 20 in number—are confined to one block, and, it is supposed, contracted the disease by drinking the water from a particular well in the vicinity. The water of this well is clear, odorless, and of an agreeable taste, but a rough analysis shows that it contains chlorine, which indicates sewage contamination.—*Sanitary Engineer*.

TRACHEOTOMY IN AN INFANT EIGHT MONTHS OLD.—Dr. Schapringer reports a case of successful tracheotomy for a foreign body in the trachea in an infant eight months old. It is believed that there is no record of so young a child having survived tracheotomy for the removal of a foreign body.—*New York Med. Rec.*

A REMARKABLE CASE OF BLOODLETTING.—Dr. Lamini reports a case of a man, on whom phlebotomy had been performed in the course of twenty years five hundred times, and cupping thirty times, besides the application, in the intervals, of two thousand leeches.—*New York Med. Rec.*

EYE SYMPTOMS IN DISEASES OF THE SPINAL CORD.—Gowers considers that these symptoms must be regarded as associations, and not effects of the lesions, because (1) disease of any nature may exist in any part of the spinal cord, without the occurrence of ocular symptoms; (2), the ocular symptoms, which may be absent when the cord disease is advanced, may exist in extreme degree when such disease is in a very early stage; (3), with the exception of the sympathetic symptoms, we know of no anatomical connection or functional mechanism, by which the spinal cord disease can produce the ocular symptoms. These associated ocular changes are always the result of degenerative processes, and their presence shows that the cord disease is essentially degenerative in its nature. Degenerative processes of the cord sometimes present sudden exacerbations, which may conceal the nature of the underlying process. In these cases the eye symptoms give us information of the highest importance. The chief association of eye symptoms, with degenerations of the spinal cord, is with one of them alone, with locomotor ataxy. In these cases, Pierret has shown that the degeneration in the optic nerve is not the only peripheral lesion, and that that in the cord is not the only central change in the remarkable disease. He has demonstrated that there is often an independent degeneration in the cutaneous nerves, commencing in their extremity, to which the optic change is strictly analogous. He has shown, moreover, that there may be a degeneration of the central termination of the optic as well of other cranial nerves, analogous to that in the posterior columns of the cord.—*London Lancet*.

SAWYERS' CRAMP.—In a previous paper on writers' cramp, Dr. Poore has insisted on the fact that the muscles which are subject to prolonged strain, are more likely to be affected than those in which contraction and relaxation quickly alternate, and, accordingly, we find that the muscles of

pen-prehension more often suffer from overuse than the muscles of pen movement. In a case of sawyers' cramp, which Dr. Poore makes the subject of his paper, a careful examination revealed atrophy of the supra-spinatus and part of the pectoralis major muscles. In the act of sawing, the muscles which are subjected to the prolonged strain, are clearly those which maintain the head of the humerus in the glenoid cavity, for if the head of the humerus were not firmly held during the powerful swaying to and fro of the bone, the act would become unsteady. For sawing, also, the humerus must be held slightly removed from the trunk. Duchenne is then quoted to show that, to accomplish both of the above, the contraction of the supra-spinatus is necessary. The clavicular portion of the pectoralis major is also indispensable in holding the head of the humerus firmly within the glenoid cavity. The author then shows that the muscles of the hand, forearm and arm are not subject to any prolonged strain, but are alternately contracted and relaxed during the act of sawing.—*Brain*.

PHYSICAL BASIS OF PHYSIOLOGY.—The progress of physiological investigation has referred many of the functions carried on in our bodies to purely physical causes. The important part played by elasticity in the movement of the blood, in expiration, and, to some extent, in muscular action, the permeability of the tissues to gases and fluids, which constitutes so large a share in the processes of nutrition, are all explained by physical laws; what I am here urging is that the remaining factors of our living should be regarded from the same point of view.—Allehin, in the *New York Medical Journal*, August 25th, 1883. Well may he add to this materialistic doctrine: it may be that in time the whole of our notions of the atomic nature of matter and the relationship of force to matter may undergo an entire change.

TO REMOVE A PATIENT WITH A FRACTURED LEG, bandage the limbs together, that the uninjured limb may serve as a splint.—Dr. Levis, in the *Polyclinic*.

DIAGNOSIS OF THE DIFFERENT FORMS OF URETHRAL DISCHARGE.—Fürbringer thus distinguishes the different discharges taking place from the male urethra. *Spermatorrhœa* is a loss of seminal fluid which occurs during defecation or at the completion of micturition. *Spermatorrhœa* becomes *azoöspermatorrhœa* when from any cause (usually from epididymitis) the testicles cease to produce spermatozoa. *Prostatorrhœa* is the discharge, sometimes continuous, sometimes only during defecation and urination, of the prostatic secretion. It is a rare condition, and is a symptom of chronic prostatitis, usually of gonorrhœal origin. *Urethrorrhœa ex libidine* is a phenomenon occurring usually in anæmic and nervous individuals. It consists of a scanty discharge, without orgasm or ejaculation, accompanied by intense sexual excitement and strong erection. The last discharge to be considered is gleet. Of these five processes, two are easily recognized. *Spermatorrhœa* is evidenced by the presence in large numbers of spermatozoa, and *urethrorrhœa* is readily recognized by its characteristic mode of onset. The secretion of the latter is the product of the urethral glands and Cowper's glands. It is clear, stringy, and contains but few epithelial and round cells. A very abundant discharge points to *azoöspermatorrhœa*. The absence of pus-corpuscles also points to the same condition, though their presence has no weight on the other side, as urethritis may exist at the same time. In such cases the presence of the specific secretion must be determined. If one finds a jelly-like substance, resembling in shape grains of sago, that is conclusive; but if this is not found, it may be that it is in solution, and may then be precipitated by a strong alkali. The secretion is allowed to stand for a time, and then a clear drop is placed in a watch-glass and a drop of caustic potash added. If now the drop shows a thick white cloud or streaks, it is evidence that the secretion contains seminal fluid. If

this process shows that we have not to do with azoösperrnorrhœa, there still remains the differential diagnosis between prostaticorrhœa and gleet to be determined. In the latter the discharge is very scanty; in the former, digital examination reveals great tenderness on pressure of the prostate gland. Indications of prostaticorrhœa are: 1, the presence, unfortunately not constant, of numerous amyloid bodies; 2, numerous typical cylinder cells, especially when in the double layer arrangement of glandular epithelium; 3, the large Böttcher's crystals. The presence of the latter is ascertained by mixing a drop of the secretion with a drop of 1 per cent. solution of phosphoretted ammonia on an object-glass. In about an hour, numerous large, exceedingly beautiful crystals, are found. The secretion of the prostate the author states is not clear, odorless and thick, as usually stated, but is thin, of a milky cloudiness, and possesses the characteristic odor of the spermatic fluid. An aid to diagnosis is also found in the time of the appearance of the secretion in the urine. The first and last parts are to be separated from the principal flow of the urine. The presence of the secretion in the first part points to gleet; in the first and second portions to prostaticorrhœa; in the third portion to azoösperrnorrhœa. The latter appears in the form of nearly transparent, thick, shiny masses, and sometimes also in the shape of sago grains.—*N. Y. Med. Rec.*, July 28th, 1883.

GARROD'S LUMLEIAN LECTURES ON URIC ACID.—Meat taken only in such quantities as are sufficient to keep up the nutrition of the body has no tendency to increase the excretion of uric acid. The taking of a great quantity of meat tends to increase the uric acid, though even then not more than in proportion to the urea. There is then no reason why patients should not take a proper amount of animal food. Many have been lowered in health by being kept on insufficient diet, with the idea that by these means a lessening of the excretion of uric acid would result. Gouty subjects, or those who inherit that diathesis, are more liable than others to gravel and calculus. Portal congestion is a cause which leads both to an increase of the excreted uric acid and to its deposition in the urinary organs. This is an important point in the prophylactic treatment of gravel and calculus. No influence whatever is exerted on the excretion of any constituent of the urine by taking from about a quarter of an ounce to three ounces of butter daily. Any increase in the quantity of water taken, helps to keep the uric acid in solution. If a patient continues day by day to pass urine so concentrated that it rapidly becomes thick, a slight change in its acidity will cause uric acid to be set free and crystallization to take place, and then uric gravel, in the shape of Cayenne pepper deposit, is formed. If this change takes place within the urinary tract, gravel is formed. This is a common occurrence in children, and often depends on the deficient amount of water excreted. To remedy this, it is only necessary in many cases to increase the quantity of drinking-water. Lead impregnation powerfully disposes to the production of gout. Iron salts have a considerable tendency to cause a recurrence of an attack when administered, as they often are, with a view to overcoming debility. The various alkaline carbonates may be employed in the treatment of uric gravel and calculus. The neutralizing power for acids of the different bases, potassium, sodium, and lithium, must vary considerably. Seventy-four parts of carbonates of lithium, equal 106 parts of carbonate of sodium, and 138 parts of carbonate of potassium. The degree of solubility of the salts resulting from the combination of uric acid with the metal must receive consideration. The acid urate of lithium requires only 220 parts of water at the body temperature to dissolve it, the corresponding potash salt 500 parts, and the soda salt, 1130 parts. So with respect both to neutralizing power and solubility, the lithia carbonate has a great advantage over the corresponding salts of potash and soda. The lithia salts are invaluable therapeutic agents, and by their employment de-

positions of uric acid in the renal organs can to a large extent be prevented. Free dilution and administration on an empty stomach are points of much importance, which should be attended to in the administration of alkaline remedies. The only untoward effect observed to follow the administration of lithium, has been a little tremor of the hands, which passes off at once on the diminution or omission of the dose of the salt.

The urine of the sucking calf contains a notable quantity of uric acid, yet the same animal later in life, when it takes its ordinary food, excretes urine which is devoid of this principle. The cow's urine also, under certain circumstances, contains uric acid, as when taking turnips, mangoes and brewer's grains, and such like food, with little hay or grass, and with such a diet there is but little hippuric acid in it. If the urine of man could be maintained in a condition resembling that of the herbivora, uric gravel and calculus would be unknown. Alkaline remedies do not do all that is desired, as they hold the uric acid in solution, but in no degree do they remove it. Experiments have shown that the addition of horse's urine to human urine rich in urates causes the disappearance of uric acid and its salts from the latter. Eight small uric acid calculi were dissolved in a little water by the aid of a solution of carbonate of lithium. To this eight ounces of the urine of the horse was added. In a few hours, all traces of uric acid had disappeared. What is the ingredient in the horse's urine which produces this change? The latter being rich in hippuric acid, experiments were instituted with this substance. A strong solution of hippurate of potassium was mixed in equal quantities with a cold solution of the urate of the same metal, and kept for some few hours at the temperature of the human body. On subsequent examination for uric acid none could be found. Other experiments confirmatory of the above were made, and showing in addition that the uric acid really disappeared and that its existence was not simply masked. Glycine or glycochol, which enters into the composition of the bile of many animals, is closely connected with hippuric acid. It can be broken up into benzoic acid and glycine. In fact, benzoic acid when absorbed from the stomach takes up glycine, and becomes converted in the system into hippuric acid. Experiments were made in which glycine replaced hippuric acid in those previously made. No change was noticed to take place in the uric acid. But when benzoic acid was used, the same slow change in the uric acid ensued as when hippuric acid was employed. The benzoates act advantageously on the mucous membrane of the bladder and appendages, and in cases where there is a disposition in the urine to become ammoniacal from decomposition, they are most useful in checking such tendency. Seeing that herbivorous animals excrete hippuric acid in a greater or less quantity according to the character of the food upon which they are fed, is it not possible to devise some article of food for those who suffer from gout and uric gravel and calculus which might to a great extent keep in check the tendency to form and deposit uric acid?—*London Lancet*, Aug., 1883.

News, Etc.

THE HAHNEMANN MEDICAL COLLEGE OF SAN FRANCISCO will begin lectures in June, 1884. This makes three colleges in this country named after the discoverer of homœopathy, which is just two more than there ought to be.

LOCATION.—There is a good opening for a homœopathist at Meridian, Miss., a railroad centre of 7000 inhabitants, and rapidly growing, with just

enough allopathic prejudice to make things interesting for a young man of pluck. Address, Captain Thomas H. Dixon, Meridian, Miss. It is known that there are at least twelve or fifteen respectable homœopathic families there to serve as a nucleus.

OLD CODE v. NEW CODE IN NEW YORK.—At a recent meeting of the New York County Society, Dr. Austin Flint, Jr., nominated a ticket, composed of gentlemen who were ardent adherents of the code of the American Medical Association. At the head of this ticket was Dr. T. Gaillard Thomas. The "new code party" nominated a ticket at the head of which was Dr. S. O. Vanderpool. The election of officers took place on October 22d, when 599 votes were cast, all the candidates on the "new code ticket" being elected by majorities ranging, in round numbers, from 155 to 175.

FIRE AT HAHNEMANN HOSPITAL OF CHICAGO.—On the night of October 5th a fire broke out on the lower floor of the Hahnemann Hospital of Chicago. The loss sustained will probably amount to \$7000.

The fire was subdued, however, before it reached the quarters occupied by the patients. One of the physicians, in attempting to quench the flames, was badly burned.

The chief loss was the hospital library, together with valuable instruments, furniture, and pictures. The damage to the hospital was slight, and is covered by insurance.

ACCIDENT TO DR. F. H. ORME.—The following comes to us through the Atlanta, Ga., *Constitution*, of October 23d:

"A shocking accident befell Dr. F. H. Orme yesterday, while he was on one of his professional tours.

"Several days ago the handsome gray horse that Dr. Orme always drove, and that was well known to Atlantians, was taken with meningitis and died. The doctor set about to secure another animal. Yesterday he was driving a horse that he was trying, with a view to purchasing. About one o'clock he visited the house of a man named Bumstead, near the Atlanta University. He was riding in his top buggy and was being driven by a small negro boy. After leaving Mr. Bumstead's they drove about forty yards to where a man was moving some barrels. One of the barrels fell and the horse shied and dashed off. The doctor snatched the reins from the small boy and endeavored to check the horse, the animal by that time having begun to plunge and rear at a fearful rate. In trying to check him one of the reins broke. Finding himself free, the horse became more furious and lunged and kicked. The boy sprang from the buggy, which almost immediately was thrown on its side and torn to pieces. When it fell over Dr. Orme fell under it. The horse kicked loose and dashed up the street for a quarter of a mile, where he was caught.

"The boy went for assistance, leaving the doctor lying in the mud and rain, with both arms broken above the elbows, and a bruise upon his forehead. The family of Professor Ware came to Dr. Orme's rescue, but they were unable to move him on account of the great pain which he endured, and he stayed in the rain fully twenty minutes. At length he was placed upon a mattress, then in a delivery wagon, and was carried to his home on Luckie Street. Dr. Westmoreland, Dr. Dan Howell, Dr. Schley, and Dr. Manahann, Dr. Orme's partner, were summoned. They made an examination and found his injuries to be as stated above. The bruise on his forehead was pronounced of little consequence, but his broken arms gave him intense pain, and during the evening he was exceedingly nervous. He, however, endured the setting of his limbs with great fortitude.

"The news of the accident spread through the city quite rapidly, despite the bad weather that kept most people indoors, and many called at his residence to inquire after him. Universal regret was expressed, and there were many wishes for his speedy recovery.

"Dr. Orme rested quietly last night, and his physicians state that he will get along well hereafter."

ANNUAL MEETING OF THE ONEIDA COUNTY SOCIETY.—The twenty-seventh annual meeting of the Homœopathic Medical Society of Oneida and Herkimer counties, was held at the office of the secretary, 134½ Park Avenue, Utica, N. Y., on Tuesday, October 16th, 1883, with the President, Dr. F. F. Laird, in the chair.

Present: Drs. L. B. Wells, M. O. Terry, C. E. Charles, F. F. Laird, Utica; W. Warren, Booneville; George Allen, Waterville; F. D. Brooks, Clayville; E. G. Kern, Herkimer; N. C. Scudder, Rome; R. L. Spencer, Trenton; S. W. Raymond, Clinton; — Loomis, Oneida.

Drs. F. D. Brooks and E. G. Kern were proposed for membership and elected. The minutes of the last meeting were read and approved.

A special committee, with Dr. Wells as chairman, reported in favor of holding meetings quarterly, on the third Tuesday of October, January, April, and July. The report was accepted and adopted, and the constitution was amended so as to conform to the report of the committee.

Drs. Wells, Terry, and Allen were appointed a committee to nominate officers for the ensuing year, and reported the following, who were unanimously elected: President, Dr. George Allen, of Waterville; Vice-President, Dr. C. J. Hill, of Utica; Secretary and Treasurer, Dr. C. E. Chase, of Utica; Censors, Drs. Wells and Watson, of Utica, and Dr. R. L. Spencer, of Trenton; Delegate to American Institute of Homœopathy, Dr. M. O. Terry; Delegates to the State Society, Drs. Brooks and Kern.

The Committee on Special Pathology and Therapeutics then reported.

Dr. M. O. Terry read an interesting paper on "A Growing Error in regard to the Nature of Pneumonia; Why Opium in any form Should Not be Given; also, Objections to the Use of Quinine."

Dr. Wells read a paper on "*Sanguinaria Canadensis*," illustrative of its sphere of action.

Dr. Allen stated that Dr. Munger, of Waterville, uses the triturations of *Sanguinaria* in preference to preparations of the tincture, and that Dr. Talcott, after taking charge of the asylum at Middletown, finding that the results from the use of the tincture were not what were expected, introduced the triturations in their stead, and found them superior.

Papers were also read by Dr. Raymond on "Varicose Veins;" by Dr. N. C. Scudder on several "Surgical Cases," and by Dr. C. E. Chase on "Differential Diagnosis of Croupal Diseases." In connection with the last-named paper, Dr. Wells mentioned, as an indication for Tartar emetic, dyspnoea, aggravated by lying on the back.

The society then adjourned to meet at the office of Dr. M. O. Terry, on the third Tuesday in January, when the discussion will be upon the subject of "Diphtheria."

C. E. CHASE,
Secretary.

[NOTE.—Dr. Terry's paper on "Pneumonia," with the discussion thereon, and also the papers on "*Sanguinaria*," by Dr. Wells, and "Differential Diagnosis of Croupal Diseases," by Dr. Chase, will shortly appear in the *HAHNEMANNIAN*.—EDS.]

BUREAU OF MATERIA MEDICA AND PROVINGS; AMERICAN INSTITUTE OF HOMŒOPATHY.—Each member of the bureau is requested to make

answer to the following interrogatories, and to return the same to the chairman, Dr. J. P. Dake, Nashville, Tenn., before December 1st, prox. The views of this bureau upon the rules that should govern the work of *materia medica* revision, as soon as ascertained, will be laid before the Special Committee of the British Homœopathic Medical Society.

Before proceeding with a revised and somewhat condensed work on *materia medica*, it is necessary to agree upon *principles of sift*. All are agreed, on both sides of the Atlantic, in having the contents of the revised work made up from the original sources and arranged in two grand divisions, the *narrative* and the *schematic*.

I. What remedies should be embraced in a revised and somewhat condensed work, say two volumes of 1200 pages each? Make out and inclose a list.

II. In general, what sources shall be drawn upon for the pathogenesis of the remedies to be embraced: 1. The reports of poisonings in lower animals? 2. The reports of poisonings in persons, after the use of antidotes? 3. The reports of drug trials on the sick? 4. The reports of provings in the persons of medical men in active out-door practice? 5. The reports of provings in persons under the influence of tobacco, coffee, or alcoholic stimulants? 6. The reports of provings of a drug acting simultaneously with other drugs? 7. The reports of provings made with attenuations above the 6th decimal? 8. The reports of provings made with attenuations above the 12th decimal? 9. The reports of provings in the person of but one prover? 10. The reports of provings but once made and in the person of but one prover?

III. How should the drug effects be arranged in the narrative division: 1. The symptoms of large, or of small, doses first? 2. Functional, or structural, effects first? 3. Should the order of symptoms be according to time, or of locality?

IV. Under what headings, and in what order, should the drug effects be arranged in the schema: 1. The names of tissues, or of organs, or of regions? 2. In either case, where should the beginning and where the ending be? 3. How should the conditions of increase or diminution of suffering be noted?

V. Should there be incorporated or appended a display of clinical verifications? If so, how and where should symptoms verified be noted?

VI. Should American remedies be worked out by American medical men, and all others by English medical men?

VII. Should there be in England a committee of three to make final revision and publication, and to fix upon prices and modes of distribution?

VIII. Should the actual expenses of postage, expressage, and a reasonable allowance as salary for the Committee of Final Revision and Publication, be paid out of funds accumulated after the bills for printing are paid?

IX. Should an Anglo-American Association be formed to furnish money and to own the proposed work, say upon a plan similar to that of the Hahnemann Publishing Society of England?

X. Should the work be issued in quarterly parts, say eight or ten remedies in each, or in two volumes, one following the other?

THE PHILADELPHIA ALUMNI.—The Faculty of the Philadelphia College has appointed the undersigned to prepare a complete registry of the graduates of that institution, from its origin in 1848 down to 1883. The following list contains the names of those whose addresses have not as yet been obtained, with the year of graduation in each instance. The star (*) indicates those *known* to be deceased. It will greatly assist me in my work if physicians will spend a few moments in examining this list, and inform

* Especially in cases of provers 4 and 5.

me by postal-card of the whereabouts of any one of these graduates, or of the date on which any one of them died, with place of residence at the time of decease.

WILLIAM W. VAN BAUN, M.D.,
No. 1742 North Thirteenth Street, Philadelphia, Pa.

- '49—Davis, Henry T.,
Engle, Nathaniel S.,
'50—Bacon, Ebenezer H.,
*Bigler, George W.,
Leonard, Ezra,
*Luyties, D. R.,
Shultz, Jonas Y.,
'51—Barton, Joseph,
Bauer, George Joseph,
Cushing, John J.,
Dowdall, P. Bower,
Holmes, William H.,
Merriman, Charles L.,
'52—Bloede, Gustavus,
Bratt, James D.,
Bryant, Benjamin,
*Chase, Durfee,
*Darling, Charles B., M.D.,
Doyle, George H.,
Metcalf, William,
Rowland, Joseph G.,
Sleck, John H.,
'53—Blake, James D.,
Blakesly, J. M.,
Boyle, Edward Luke,
Brown, Joseph R., M.D.,
Brownett, H. Tudor,
Chamberlain, C. R., M.D.,
Eustace, Andrew,
Gilson, Eli D.,
Johnson, Edward R.,
Miller, Alexander C.,
Morse, Asa W.,
Remington, Stephen G.,
*Stretch, Joshua B.,
Turner, John,
*West, Seymour,
Wilkinson, James J. G.,
'54—Aragon, José Maria, M.D.,
Bowers, Josiah, Jr.,
Bryant, James,
Carpenter, Horace H.,
Driggs, H. C., M.D.,
Dunham, W. M., M.D.,
Fox, John,
Geiger, Theodore S.,
Geib, William,
Gourley, George, M.D.,
Murphy, William,
Poe, Robert W.,
Weed, Theodore F.,
White, Joseph B.,
'54—Wilmot, E. F.,
'55—Davenport, Addington K.,
Fish, Charles F.,
*Gallagher, Joseph H.,
Harris, Handy,
Harvey, Franklin,
Howard, John R.,
Hyde, Damon Y.,
James, Richard S., A.M.,
Quick, Theodore,
Reed, J. N.,
Saunders, Charles F.,
Sykes, John Wesley,
Smith, William,
Thayer, H. Reidel,
Thomas, Henry,
Walter, Joseph H.,
Wisner, Gabriel F.,
*Wolfe, George,
'56—Alday, John H.,
Apthorpe, Harrison O.,
Baker, Joseph C.,
Carrique, Richard,
Hann, Felix M.,
*Houghton, John S., M.D.,
McChetney, Alfred Brunson,
*Moore, John D., M.D.,
Morse, Calvin E.,
Rosman, J. Gaul,
*Towner, Enoch,
Williams, John H.,
Zurzunequi, Sanchez, M.D.,
'57—Alshorn, George E.,
Balbot, J. L. Lorenzo V.,
Beakley, Henry,
Bilisoly, Antonio L.,
Bridge, James H. A.,
Burroughs, Geo. W.,
*Davies, Alfred R.,
Durand, Joseph P.,
Elwin, John F.,
Fetterman, George W.,
Goodman, John R.,
Kalapothakes, M. D.,
Kirk, Isaac E.,
Potter, Frank W.,
Shurick, Christopher G.,
Smith, John T. S.,
*Stehman, J. G.,
Wilcox, William B.,
'58—Alphonso, John de la Torrey,
Billingsley, Joseph H.,

- '58—*Black, James R.,
Evarts, Edgar S.,
Houghton, J. Harrison,
Peterson, Wilson,
*Redman, George A.,
Ridgway, Philip R.,
Rockwell, Almon F.,
Stiles, John A.,
- '59—Burdick, Joseph H.,
Burr, Charles H.,
Butler, Charles F.,
Clark, Robert Corey,
Downing, John C. Clark,
Edwards, Thomas G.,
Jones, John Aten,
King, Barrington S.,
Lear, J. Thomas,
*McPherson, William H.,
Ransom, Edward,
Scherzer, William,
Sellen, Theodore B.,
Taber, John D.,
d'Torres, Peter Joseph.,
- '60—Baker, Oregon M.,
Buckley, Moses,
Martin, T. D.,
Reed, T. N.,
Smith, J. W., Jr.,
Willard, E. S.,
- '61—Baker, Ellwood,
Cropper, Thomas E.,
Harris, Sylvanus,
Struck, D. Felix,
Troyer, Jacob Mast,
- '62—Rasch, William,
Taylor, Richard G.,
*Wallace, J. W.,
*Wallens, Miles W.,
- '63—*Chambers, William C.,
*Jones, Albert Budd,
Lowry, Charles,
Smith, George B.,
- '64—*Alabone, Edwin G.,
Earhardt, William J.,
Farrington, Harvey W.,
Malford, Clarence W.,
Sharp, Anthony H.,
- '65—*Buck, John,
Wilson, David, M.R.C.S.,
- '66—Arrowsmith, W. L., M.D.,
Coon, David, M.D.,
Herbert, Rev. Charles D., A.M.,
Jenner, A. J. B.,
Orenga, Franc, M.D.,
- '67—Anderson, Edw. L.,
*Barrett, Charles B.,
Habel, John M.,
Liscomb, P. D.,
- '67—Pennock, T. L., M.D.,
Schmits, Gustavus A.,
*Skeels, Alfred P.,
- '68—Adams, H. F., M.D.,
*Bradford, Martin,
Dickerson, Charles S. A.,
Gantenbein, Rev. John,
Mitchell, G. W., M.D.,
Richards, Rosanna Scott,
Richards, J. C., M.D.,
Ridings, James H.,
Ure, Walter, A.M., M.D.,
Von Gerhardt, Adolph, M.D.,
Wood, O. S., M.D.,
- '69—Buswell, Albert, M.D.,
Cassanova, Antonio,
Criley, John Michael,
*Currie, Charles C.,
Hall, James Walter,
Hardy, James E., M.B., C.M.,
Morrison, S., F.R.C.S.,
Noxen, Allen, M.D.,
Peltzer, Alexander,
Ray, William, M.R.C.S.,
Reed, William Robert,
Starkey, David W.,
- '70—Alexander, Victor Felix,
Berry, Freeman, Jr.,
*Crow, William Henry,
Kennedy, Samuel,
*Lyttle, Randel M., M.D.,
Moore, Charles A. R.,
*Ratzell, Joseph Milton,
Schultz, Richard,
Slay, John C.,
Thompson, Eugene C.,
- '71—*Abbott, Rev. Amos,
Armstrong, Joseph M.,
Barrows, William Ezra,
Klein, John W.,
Marshall, Perry,
Morris, Madison Bayard,
Walrad, Caleb Beakley,
- '72—Fetterman, Wilford W.,
Puente, Francisco Donado,
Snyder, Ed. E., M.D.,
- '73—Climenson, Benjamin,
Marcy, Anson L.,
Mowry, Samuel R.,
Underwood, H. A.,
- '74—*Clift, Walter D.,
Engel, Adolph O.,
Rush, Stephen Y.,
- '75—Fitzmathew, Joseph N.,
Gardiner, Thomas M. W.,
Jackman, Charles A.,
Metcalf, Jewett W.,
Wells, Thompson M.,

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| <p>'76—Adams, George S.,
Chew, Edmund I.,
Coleman, Edmund J.,
Kelly, Lewis E.,
Wadsworth, Robert,</p> <p>'77—Graham, David M.,
Humphrey, Charles R.,
Lockrow, Calvin,
Robinson, John W.,
Zimmerman, Solomon,</p> <p>'78—Mahoney, John C.,</p> | <p>'79—Fickel, James G.,
Harvey, Walter E.,</p> <p>'81—Alexander, Anson C.,
Cameron, Malcolm,
Fitz Hugh, John A., M.D.,
Holman, George M.,
Peters, M. Rutherford,
Peters, William C.,</p> <p>'82—Woodruff, William L.,</p> <p>'83—Janney, Edgar, M.D.,
Lewis, Hiram L., M.D.</p> |
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REMOVALS.—Edwin H. Walcott, M.D., from No. 49 North Avenue to No. 13½ East Avenue, Rochester, N. Y.

S. Wellman Clark, M.D., from 248 Grove Street to 300 Barrow Street, Jersey City, N. J.

MARRIED.—CONOVER—STEMAN.—At Messiah Lutheran Church, Philadelphia, Pa., on Wednesday, October 10th, 1883, by Rev. Eli Huber, T. F. Conover, M.D., and Miss Hallie W Steman, all of Philadelphia.

POWELL—WILLIAMS.—October 3d, at the residence of the bride's parents, by Rev. Charles Bickley, William C. Powell, Jr., M.D., of Bryn Mawr, Pa., and Miss Mary K. Williams, of Cheltenham, Pa.

WATERS—MYERS.—On Tuesday evening, October 2d, 1883, at the M. E. Church, The Dalles, Oregon, H. L. Waters, M.D., and Miss Eva Myers.

OBITUARY.—JOHN F. GEARY, M.D.

On the evening of October 3d, 1883, Dr. John F. Geary, of Oakland, Cal., died suddenly of disease of the heart. The following notice of the deceased is from the *Oakland Daily Evening Tribune*, of October 4th:

"The report circulated last evening of the death of Dr. J. F. Geary, a prominent physician of this city, was a great shock to the community, many of whom had seen him on Broadway, half an hour previous to his death. Though suffering for some time past from a derangement of the heart, he has attended to his office practice with his usual regularity, and was at his consulting rooms until half-past four, when he left in the street-car for his residence, where he found patients awaiting him. He seated himself to converse and almost immediately began gasping for breath, and expired in a few moments. Dr. Geary was born in Ireland, in 1814, and educated in England. In 1852 he went to Philadelphia, where he graduated at the Homœopathic Medical College. In 1862 he came to San Francisco, where he for many years commanded a large and lucrative practice. Four years ago, intending to retire, he established himself in his beautiful home, at Marathon Park, near Temescal, but the habits of a lifetime could not be set aside, and he again resumed his practice, and died, as was his wish, attending to the suffering. Dr. Geary leaves a wife and two children, a daughter (Mrs. W. G. Pearne, of Oakland), and a son who resides at Merced. Besides these, his only relatives in America, he leaves a host of sorrowing friends. His ready wit, combined with a memory so accurate that he was able to carry a library of English poets in his brain and his quick promptings of chivalric courtesy, which marked the fine old English gentleman of the last generation, and above all, his ardent impulses and generosity, which made him champion a friend's cause as his own, endeared him to all whose good fortune it was to know him well."

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.



THE

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Vol. V.
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Philadelphia, December, 1883.

No. 12

Original Department.

DULCAMARA.

(Read before the West Jersey Homœopathic Medical Society, August 1883.)

BY M. B. TULLER, M.D., MILLVILLE, N. J.

SOLANUM DULCAMARA, bitter-sweet. Natural order *Solanaceæ*. Grows in hedges and thickets, especially in damp places. The stems have a bitter taste at first, afterward acrid and sweet, from which it acquires its name.

It possesses an alkaloid, solanin, which is an opaque, whitish powder, soluble in alcohol.

The old school has used this drug as a diuretic and sudorific, especially in chronic rheumatism, asthma, dropsy, serofula, jaundice and skin diseases.

To the homœopathic physician, it is useful as a curative agent in all of these diseases when indicated according to the therapeutical principle laid down by the immortal Hahnemann. In the course of our investigations we shall find it a perfect panacea for every ailment that flesh is heir to when it is the *similimum*.

Hahnemann classes this drug as an antipsoric, while Hempel regards its range as very limited, recommending it only for certain forms of rheumatism and ailments resulting from colds. While, like its analogue, aconite, its special sphere is in maladies resulting from exposure of a certain kind, and in catarrhal diseases, a careful study of the pathogenesis of the drug will show that it has a wide field of usefulness.

"According to Noack and Trinks, Dule. is especially suitable to phlegmatic, torpid, serofulous, psoric, weakened constitutions, and individuals with restless, irritable, angry disposition. Dule. is especially indicated in pains which increase in

proportion as the affected parts are kept quiet; it is likewise indicated when the skin is liable to catch cold, especially in the joints, arms and feet; therefore, in all those affections which originate in a sudden cold, owing to damp and cold air or water; also, in metastases of rheumatism and cutaneous affections." (See *Symptomen Codex*.)

Moral Group: Quarrelsome moods, in the afternoon, without feeling vexed. Restlessness. Asks for one thing or another and rejects it when proffered.

The quarrelsomeness without vexation, occurring in the afternoon, is a symptom which appears to be peculiar to this drug, as I am unable to find it, after diligent search, under any other remedy.

The restlessness of Dule. differs from that of Acon. and Arsenic, as it affords relief. The Dule. patient finds his greatest relief from suffering in continual motion, while both Acon. and Arsenic produce restlessness which is a result of terrible fear and anguish.

The asking for various things which are rejected when offered, requires this remedy to be compared with Bry., Cham., Ignatia and Rheum.

Sensorium. Violent stupefaction of the head. Momentary vertigo. Vertigo early in the morning, when rising from bed, with trembling of the whole body and general weakness. Vertigo when walking, at noon, previous to a meal, as if everything in front of him stood still, with darkness before his eyes.

Dule. is one of the best remedies in the *Materia Medica* for stupefaction of the head, affording prompt relief when not contraindicated; vertigo with trembling is given by Jahr under but two other remedies, viz.: Carbo veg. and Digitalis.

The Carbo veg. patient has "vertigo in the evening, after sleeping while sitting, with trembling and quivering in the whole body," while the Dule. vertigo occurs in the morning, and is accompanied by general weakness. Jahr gives Digitalis the preference for vertigo with trembling, but in the proving it has no distinguishing condition.

No other remedy has vertigo occurring exclusively before a meal, while vertigo occurring at noon is found only under Phosphorus and Strontium carb.

In the cerebro-spinal range, we find the proving full of valuable symptoms.

"Headache, with indolence, icy coldness of the body, and inclination to vomit."

Lac defflorat. and Lachnanthes tinc. also have headache with

icy coldness of the body, even when warmly covered, or when sitting near the stove. Calc. carb. causes icy coldness of the head accompanying headache, while Agaricus has sensation as if pointed ice pierced the head.

"Dull headache in the forehead and root of the nose as if he had a plank in front of the head."

Aconite produces a similar symptom, viz.: crampy sensation in the forehead over the root of the nose, with feeling as though he would lose his senses.

"Boring headache from within to without, in the temples and forehead; worse before midnight and when lying quiet; better when talking."

But one other remedy has headache relieved by conversation. In Hering's monograph on *Eupatorium perf.*, we find the following symptom, which is sufficiently distinctive to prevent confusion: headache, with sensation of soreness internally; better in the house; aggravated when first going into the open air; relieved by conversation.

"Digging pain in the forehead, with sensation as if the brain were enlarged; worse in the evening till midnight, and when becoming cold; better when lying down."

Bovista, Manganum and *Nux mosch.*, all cause sensation of enlargement; *Daphne ind.* and *Coral. rub.*, sensation of fullness of the head, and *Laurocerasus* the directly opposite symptom, viz.: the brain feels contracted and painful.

"Unpleasant sensation of chilliness in the cerebellum and over the back, with sensation as if the hair were standing on end; returning every day in the evening."

Chelidonium produces sensation of coldness in the occiput, ascending from the nape of the neck.

For sensation as if the hair were standing on end, Jahr gives but two other remedies, *Arnica* and *Ranunculus*. The former has "cutting through the head, followed by a feeling of coldness, causing the hair to stand on end."

Many of the pains in the head under *Dulc.*, are of a boring character, thus bringing it into close relationship to *Sepia*, and come from within outward, requiring it to be compared prominently with *Bell.*, *Bry.*, *China*, *Sepia* and *Silicea*.

Dulc. affects the occiput very positively, as the following symptoms show:

"Headache, in the occiput, ascending from the nape of the neck. Stupefying ache in the left side of the occiput. Weight in the occiput for three days. Heaviness of the whole head during the day, as if the integuments of the head were put upon

the stretch, especially in the nape of the neck, where a tingling sensation was produced. Slow stitches in the occiput, as if with a pin, which is alternately stuck in and drawn out. Sensation as if the occiput had become larger. In the spine, we have painful stitches in the middle of the dorsal spine when breathing; pain in the nape of the neck as if the head had been in a wrong position. Sensation of soreness of the spine and occiput. In its general effects upon the occiput, Dule. is analogous to Bell., Gels., Lachnan., Nux vom., Sang. and Silicea. The symptom, stupefying ache in the occiput, ascending from the nape of the neck, is very similar to one which clinical experience has ascribed to Sabina, viz.: pains in back part of head, coming in paroxysms, shifting around in occiput and nape of neck."

In meningitis spinalis and myelitis, Jahr, in his *Clinical Guide*, says that Dule. is decidedly the remedy for all acute cases, which Hartmann, in his *Diseases of Children*, confirms, especially when it is caused by a cold, exposure to wet, or metastasis of acute eruptions. Moreover, according to the latter author, Dule. is likely to be the remedy if the cervical or lumbar portion of the spinal marrow be principally affected, even should exudation already have taken place.

In vol. ii. of his *Acute Diseases*, Hartmann pays the following tribute to Dule. in this disease: "I have seen some cases of myelitis arise from imperfectly developed acute exanthems, particularly scarlatina and measles, the symptoms setting in with so much violence that every motion caused horrid pains. The joints of the extremities were likewise affected, their motion being impeded in consequence. There was considerable fever but not acute, and there seemed to be a tendency to exudation. Dulcamara proved the best remedy, even if exudation threatened to set in, or had actually taken place."

Raue recommends it for meningitis, especially for rheumatic persons, who are always worse when the weather changes to cold; after taking cold; also during scarlatina and measles when the eruption does not fully develop itself.

Eyes. Ptosis of the upper lid (see Causticum). Dim-sightedness; sees everything as through a gauze. Sparks before the eyes. Sensation as if fire were darting out of the eyes, when walking in the sun or in the room.

Many remedies produce fiery appearances, sparks, etc., before the eyes, but, after diligent search, I am unable to find the last-mentioned symptom under any other drug.

Lilienthal recommends Dule. for ophthalmia neonatorum with chemosis and constipation.

Hempel says he has given Dule. for rheumatic deafness, or for deafness arising from retrocession of some acute eruption, with buzzing and singing in the ears.

Lilienthal gives the following indications for this remedy in otalgia :

“ Earache, worse at night, during rest, with nausea ; dull pain, humming in the ears, obtuse hearing.”

Dule. will always prove serviceable in acute catarrhal deafness which has been brought on by exposure to damp cold air, or to night air. It is also useful for chronic defective hearing which is worse when the weather changes from warm to cold and damp.

It will cure epistaxis of bright red and warm blood, when accompanied by pressure above the nose, continuing even after the bleeding had stopped.

We can likewise rely on it to cure dry coryza aggravated in the cold air and relieved in the warm room, just the reverse to the condition which Acon. cures, viz. : dry or fluent coryza, worse in a warm room, relieved by going into the cold air.

Many cases of facial neuralgia have proved extremely obstinate to the prescriber, his most carefully selected remedies failing to produce the slightest relief. Ladies sometimes have a habit of strolling in the yard, or on the street, in the evening, during the summer, with no stronger protection to the feet than a pair of paper-sole slippers. Result, in the course of four or five hours, a severe attack of neuralgia. If all the facts can be gathered, Dule. will be the remedy, and will promptly cure the case. Several years ago, I was called to see a lady who was suffering severely, and had been for several days and nights. She had resorted to all the patent means known to the sex for the relief of neuralgia, and had been dosed with tonics and periodics *quantum sufficit* ; but it was all of no avail. I sat down and examined the patient with great care. I gave several remedies and awaited their action. No good. Feeling my weakness, I excused myself, and went home to study. I worked the case up carefully, and went back to exhibit my remedy. It was of no avail. As I sat despairingly wondering what next I should do, her mother inadvertently remarked, “ Oh ! dear Mary, I wish you had not gone out the other evening ; I am afraid you will never get over this until your baby is born,” for my patient was pregnant, and within a couple of weeks of her term.

I asked whether I had understood her to say that she had taken a walk within a few evenings, and, upon inquir-

ing what kind of protection she had given her feet, found that she had worn the regulation lady's slipper. Thereupon I gave her some Dule.²⁰⁰, and in half an hour had the satisfaction of seeing my long-suffering patient sound asleep.

There are no symptoms given in the provings by which we can reliably select Dule. for this painful malady, but clinical experience has shown repeatedly that it will act promptly if the cause be discovered. Lilienthal gives the following indications for this remedy in prosopalgia; "Facial neuralgia, seemingly starting from the malar bone; paroxysm preceded by the parts becoming very cold, attended with canine hunger, worse or excited by the slightest exposure to cold, better from external warmth."

I have found Dule. to be one of the best remedies for herpetic eruptions on the face, especially among children. In the *Symptomen-Codex*, we find the following symptoms: "Humid eruption on the cheeks, warts and eruption on the face. Thick, herpetic crusts, brown or yellow, on face, forehead, temples and chin, crusta lactea."

Hartmann gives the following indications in addition to those above mentioned: "Small, round, brownish-yellow crusts with reddish borders, which are liable to bleed when scratched; the swelling of the glands adjoining the eruption does not contraindicate it."

In the clinical observations of the *Symptomen-Codex*, we find, "Crusta lactea and serpiginosa; humid eruption on the face, forming crusts; tinea faciei, consisting of pustules, which are at times close to each other, at times isolated and surrounded with red areolæ, and which, when suddenly opened, emit a quantity of tenacious, viscid, yellowish liquid, quickly drying up, and then forming thick, yellow-brown, coherent crusts on the forehead, temples, cheeks, chin, etc., the secretion of the puriform lymph continuing under the scurfy formations, which are speedily formed again after they drop off."

Dule. produces also "blotches on the forehead, with a *stinging pain when touched*." Apis, Cantharis and Ledum cause similar symptoms. The first mentioned has "sore elevations, like the sting of insects, *very tender to the touch*, at the external corner of the eyebrow." Under Canth., we find "blotches on the cheeks *itching when touched*;" and under Ledum, "red tubercles, also on the forehead, as in drunkards, with *stinging when touched*." Apis and Canth. cause similar appearances but in different locations and with different sensations, though aggravated by the same influence: while Dule. and Ledum

have different developments, precisely similar in location and sensation, worse from the same circumstances.

The effect of Dule. on the tongue is both peculiar and marked. "Itching crawling on the tip of the tongue. Paralysis of the tongue hindering speech, in damp and cold weather, or when becoming cold. Paralysis of the tongue after using the drug a long while. Swelling of the tongue, which impeded speech and breathing."

Hempel gives two cases of poisoning by Dule., one in a child who ate freely of the berries, and the other, in a young man who swallowed a large quantity of the extract.

In the former case, it caused frequent and unsuccessful efforts to vomit, with inability to swallow,—inarticulate speech, with continual attempts to talk. In the latter case, the tongue was swollen, rigid as if paralyzed; the patient was unable to utter a word, and had to express his wishes in writing. In consequence of which, Hempel recommends Dule. in rheumatic paralysis of the tongue accompanied by swelling.

The symptom "itching crawling, on the tip of the tongue," seems to be peculiar to this drug.

Under Dule., we find, "a tenacious, soaplike saliva flows abundantly out of the mouth." Jahr gives but one other remedy for soaplike saliva, which is Bryonia.

Dule. also has, "continual hawking of a very tough saliva, with much rawness and soreness of the fauces." In this respect, it resembles Lach., with which it might easily be confounded in making a prescription. In Lach., the hawking is of mucus resulting from a catarrhal condition of the larynx, while in Dule., it seems to be an excessive salivary secretion probably resulting from gastric derangement.

Gastric Range.—"Dry tongue, dry rough tongue, flat soaplike taste in the mouth, with want of appetite. Good appetite, and good taste of what one eats, but immediate repletion after eating with much rumbling in the abdomen. Inflation of the abdomen after eating but a little. Sensation of inflation in the pit of the stomach, with a disagreeable feeling of emptiness in the abdomen. Retraction of the pit of the stomach, with burning pain."

Dule. is an important remedy in gastric derangement. It proved curative in one case with the following train of symptoms: *Dry rough tongue*, furred brownish, with great thirst and foul taste; empty eructations, repletion after eating even a small quantity; *sensation of soreness of the spinal cord and in occiput*; tendency of the hands to go to sleep, with feeling of

general debility. Lycop. and other remedies had failed to afford any relief, which was very prompt under Dule.

The soapy taste is found also under Iodium.

The repletion after eating a small quantity, requires this drug to be compared with Lycop., Cicuta and Sulph.

Cicuta will cure this symptom, if it be attended by *burning in the stomach*.

Caladium also produces retraction of the pit of the stomach, while Dig., Helleb. and Muriatic ac., cause *sensation of retraction* in the pit of the stomach.

Dule. acts very prominently upon the umbilicus, producing a variety of sensations and pains in the umbilical region, and is one of the best remedies we have for colic that is caused by a cold, especially when the pain is in the region of the navel. It has also cured a colic which recurred every night, in a patient who was recovering from an attack of intestinal stricture.

Dule. is an admirable remedy for diarrhœa resulting from a cold, especially when contracted from cool damp weather, from cool damp nights after warm days, or from cool drinks.

At one time I treated an epidemic of diarrhœa which resulted in consequence of a cool damp spell, occurring during the summer, and cured nearly every case with Dule. alone. Some of them would require a second prescription of Merc. or Sulph.

We find it recommended in the Clinical Observations of the *Symptomen-Codex* for diarrhœa with various conditions, viz :

"Cholera sporadica after cool drinks; vomiting of the beverage, and of yellow green bile, at last mere mucus; frequent green stools; extremely painful abdomen, *especially in the umbilical region; retraction of the region of the stomach, with a burning pain*, excessive weakness, cold extremities, pulse almost extinct; great *dulness of the mind*, and burning thirst."

"Fall dysentery, especially when the stools are very slimy; diarrhœa dysenterodes; bloody evacuations owing to a cold, with violent cutting pain in the abdomen, *especially in the umbilical region, most violent at night*, with continual thirst, considerable protrusion of the rectum and painful smarting of the anus."

"Diarrhœa of pregnant females and lying-in women brought on by a cold."

"Chronic diarrhœa, brought on by a cold, *with violent colic, and especially in the umbilical region, also at night*, followed by nausea, cold sweat, afterward liquid stools, frequently consisting of green bilious matter, sometimes accompanied by

vomiting, eructations, violent thirst, smarting as from salt in rectum and anus."

According to Lilienthal, Dule. may be given for "sour-smelling diarrhœa, when the weather becomes colder, with prostration; the color of the slimy stools alternates between green, white or yellow, and the desire to stool is accompanied by nausea; nightly stools, with colic, especially in the umbilical region, loss of appetite, thirst, nausea and vomiting, pale face, languor and restlessness.

Urinary Organs.—"Urine turbid and white. Frequent discharge of urine, which is at first clear and tenacious, afterward turbid, then light-colored, with white viscid sediment. Turbid, badly smelling urine and fetid sweat. Reddish, burning urine. Sediment in urine, at times red, at times white. Strangury, painful micturition. Burning in the orifice of the urethra when urinating. Paralysis of the bladder, with involuntary discharge of urine."

We find that Dule. has cured catarrh of the bladder with cutting pains in the bladder, frequent and urgent desire to urinate, emission of a small quantity of reddish, turbid, badly smelling urine, containing a number of mucous filaments and clots, and forming a reddish, mucous, shaggy sediment, especially in consequence of mismanaged gonorrhœa.—*Clinical Observations.*

According to Lilienthal, it is useful in cystitis in chronic cases, with constant desire, deep in the abdomen, to urinate; painful pressing down in the region of the bladder and urethra; drop discharge of urine, with mucous sediment or mixed with bloody lumps; from local damp or cold.

Raue gives, in addition, "Limpid urine when voided, but it assumes an oily consistence on cooling, and contains a tough, jelly-like, whitish or reddish mucous, intermixed with little lumps of blood; it smells foul. All symptoms worse when the weather changes from warm to cold."

"Retention of urine, especially when consequent on a cold, or even when brought on by cold drinking; ischuria brought on by a cold, with burning in the hips; pressing and violent, painful boring through the penis from without inwards; emission of urine drop by drop, the urine being thin when emitted, acquiring an oily consistence after becoming cold, with a tenacious, slimy sediment, a whitish, reddish color, and bad odor after having stood a short while; the urine sometimes contains bloody granules, which are passed with a good deal of pain, and when accompanied with violent and unsuccessful tenes-

mus, the emission causes oppressed breathing, tremor of the limbs and sweat."—*Clinical Observations.*

According to Professor Lilienthal, Dule. is useful in retention of urine when there is "paralysis of the bladder, with involuntary discharge of urine; catarrh of the bladder; thickening of the coats of the bladder; retention of the urine, strangury; painful micturition; urine turbid and white; reddish, burning urine; mucous sediment in the urine."

Genital Organs.—Herpes on the labia majora. (Also Caust. and Petrol.) Increased flow of menses. Retarded menses, even twenty-five days, with watery blood. Suppression of the menses from a cold. Rash before the menses. Suppression of milk from a cold. Herpes on the mammæ of nursing females.

In my experience, Dule. is one of the best remedies for menstrual suppression or delayed menses. It has brought on the menses in cases where the flow had been suddenly checked by walking in damp places, after Pulsatilla had failed, especially when there was stupid feeling in the head and irritability.

A lady of phthisical habit came to me with the following train of symptoms: dry cough during the night and in the morning after rising; breathing oppressed while hurrying; *breathing oppressed very much during cold, damp weather, and whenever the weather changes from warm to cool and damp*; hardness of hearing; *in afternoon her face flushes and feels very hot*; languor; menses scanty and dark-colored. Dule.³⁰ promptly removed all her symptoms except her cough, which was ameliorated and afterwards cured by China³⁰. She was particularly delighted that her menses became free and regular, under the Dule., as she feared that they were hopelessly gone.

Professor Guernsey recommends Dule. for amenorrhœa when the suppression has happened in consequence of exposure to cold and damp. She has urticaria or some other cutaneous affection every time she takes cold; warts on her hands, and her breasts are engorged and hard.

In diseases of the respiratory organs, Dule. acts beautifully. It is curative in asthma, pneumonia, bronchitis, influenza, hæmoptysis, etc., when they are brought on by exposure to damp and cold influences.

I was once called to see a lady who was suffering with asthma. I found my patient comparatively comfortable during the day, except that she could not lie down, and had a

constant dry, teasing, suffocative cough. She said that at night her oppression was terrible. Her face was haggard from the loss of sleep, and she was very restless, continually moving from place to place,—*i.e.*, worse from rest, better from motion. After talking with her a while, I discovered that several days previous she had been caught in a cool shower, and her shoulders got damp before she could find a place of shelter.

I put a few pellets of *Dulc.*²⁰⁰ in some water, and directed her to take it every hour. The next morning, when I called, she said, "I never had such relief in my life; I felt as if I were in heaven last night."

I have likewise cured asthmatic attacks brought on by the cool, damp night air.

Lilienthal recommends it for "humid asthma, or for acute asthma from a cold, with dyspnoea, loose rattling cough, copious sputa, worse during wet weather; asthma, with face-ache, after disappearance of tetter on the face; oppression of the chest from mucus."

Dulc. produced great relief in a case of phthisis brought on by a menstrual suppression from cold, damp influences, after it was too late to re-establish the function.

According to Lilienthal, *Dulc.* is curative in hæmoptysis when there is "constant titillation in the larynx, with desire to cough; expectoration of bright red blood, with aggravation during rest; the bleeding is caused by a cold, or a loose cough which existed previously." He also advises its use in phthisis when there is present "tough greenish expectoration, with moderate cough, stitching pains here and there in the chest; diarrhoea; great disposition to take cold."

Dr. Lippe suggests *Dulc.* for "whooping-cough, with profuse secretion of mucus in larynx and trachea; during each attack easy expectoration of tasteless mucus, which is streaked with blood." Lilienthal gives, in addition to the above, "worse from taking cold, getting wet, or from repercussion of eruptions from damp, cold atmosphere." The same author also recommends it for long coughing spells to expel phlegm in old people and children, from threatened paralysis of the vagi.

Dulc. is to be considered in paralysis, especially when it occurs as a result of suppressed eruptions, acute or chronic; or in consequence of a cold; rheumatic paralysis; paralysis of the arms and legs, with icy coldness of the arms; and when the palsy is accompanied by herpetic eruptions.

Hering recommends Dule. for dropsy which has been caused by suppression of the perspiration by a draft of cold, damp air.

“Dropsical symptoms: general swelling arising from intermittent fever, with bloated face, swelling of the abdomen and limbs, great uneasiness at night on account of the heat; scanty emission of badly smelling urine, costiveness, weak appetite, thirst, empty eructations, and great failing of strength; anasarca after previous rheumatic fever; sudden anasarca arising from previous échauffement and subsequent exposure to a damp cold while in a state of perspiration, giving afterwards Rhus, according to Gross.”—*Clinical Observations*.

Hartmann recommends it for cellular induration of children “when the disease is recent and the œdema has invaded the whole body, except the face. The choice is determined by the exciting cause, which I suppose to be exposure to cold, and by the sudden œdema, with restlessness and pain, as denoted by the constant moaning of the child, and by the slimy passages.”

Dule. is recommended for scarlatina and for secondary diseases consequent upon both scarlet fever and measles.

Dr. Wislicenus used it successfully in the epidemic of purple rash occurring in 1831.

Dr. Gross used it for acute cutaneous disease when the throat was not very sore, and the children complained of violent rheumatic pains in the limbs, preventing motion, accompanied by glandular swellings.

In scarlet fever, Hartmann says, “It was found that Dule. would act favorably when the following symptoms occurred, especially in scrofulous subjects. The precursory stage commences with pains in the limbs, and cold creepings over the back in the evening; the vomiting, which occurs in the commencement, is generally followed by sopor, the skin is dry and burning and slightly red, and retention of urine is frequently present. As the disease progresses, the pains concentrate themselves in the head and feet, and the exanthem looks like a fine vesicular rash, although a more careful inspection of the skin shows single, smooth, somewhat swollen, bright red spots; there is considerable angina, some redness, though not as intense as the Belladonna angina, with difficulty of swallowing, hard, tense swelling of the parotid and submaxillary glands, and a croupy cough, which is occasioned by the inflammation extending to the larynx.

“The fever is violent, with delirium and thirst, the urine

turbid and having a fetid smell. In some cases, the exanthem consisted of isolated, sparse spots, like urticaria, with slight angina, but very violent pains in the limbs, causing the child to cry, and soon followed by œdema of the whole body. The eruption would scarcely have passed for a scarlatina exanthem if the subsequent long-lasting desquamation had not shown its true character."

As a rheumatic remedy, Dule. compares favorably with Rhus, Bry., Colch. and Rhododendron. Lilienthal recommends it for rheumatism after acute eruptions, or when chronic forms alternate with attacks of diarrhœa; rheumatism after exposure to wet, the parts feel as if beaten; severe pains when remaining in one position, subside only when he moves about; neck stiff, back painful, loins lame after taking cold; unilateral pains.

According to Hartmann, "Dulcamara is closely allied to Rhus as a remedial agent in rheumatic fevers. It deserves a preference over Rhus if the fever was not occasioned by wet, but by a sudden retrocession of sweat in a draft of air or some other kind of exposure. A peculiar exciting cause is not always required to make the exhibition of Dule. necessary, but is justified when the disease is prevalent in the community, and the following group of symptoms occurs: sticking, drawing, or tearing pains in the limbs, with bloatedness of those parts and a sensation as if they had gone to sleep; violent fever, with great heat; dryness and burning in the skin; badly smelling sweat, which affords no relief; restless tossing around in the sleep, occasioned by a painful sensation of swelling in the nape of the neck and occiput, which does not allow one to be quiet; drawing pain in the whole or only in parts of the head, involving the ears."

I have never found Dule. a particle of use in rheumatism, or any other complaint, resulting from getting wet. In my judgment, this is not the province of this drug. I have frequently relieved rheumatic and neuralgic pains as a consequence of getting the shoulders or feet damp or chilled by the damp, or on exposure to night air.

In skin diseases in general, Dule. must be studied in connection with Ars., Calc., Clem., Con., Graph., Rhus, Sepia, Staph., Sulph. and other remedies.

For urticaria, it has proved, in my hands, the remedy *par excellence*. For hives which come on at night, especially if the nights are cool, with heavy dew, after a hot day; or for hives which come whenever the weather changes from warm to cool

and damp, Dule. will certainly prove promptly curative. It has, however, been my custom for years, whenever a case of urticaria has been brought to me, to prescribe this remedy if there were no symptoms contraindicating it, and always with success.

Several years ago, I was called upon to prescribe for a gentleman who was dying of phthisis, and who suffered terribly from hives. I gave him Dule.²⁰⁰, which promptly ameliorated all of his symptoms, and permanently removed the skin suffering.

It has cured "urticaria, with violent cough and œdema of the glands; feverish nettlerash, itching, obliging one to scratch, and burning after scratching, every eruption being preceded by a sensation of pricking in the whole body; feverish urticaria, eruption of white irregular blotches raised upon the skin, surrounded with red areolæ, resembling those which owe their existence to nettles, violently itching and burning after the scratching, appearing in the warmth and disappearing in the cold, on the extremities, in the face, on the chest and back; accompanied by fever, headache, want of appetite, nausea, bitter taste, tongue covered with mucus, vomiting, intense aching in the pit of the stomach and præcordial region, restlessness and sleeplessness, night-sweats, turbid, dark urine, diarrhoea, pain in the limbs."—*Clin. Obs.*

"It cures pemphigus when the eruption consists of violently itching vesicles of the size of peas upon a red base, containing a yellowish watery liquid, especially on the back part of the body and extremities; they form corroding ulcers, secreting a bright red ichor, these ulcers drying up in a few days and bearing crusts, which are painful to the touch, and leaving spots behind."—*Bethmann's Clin. Obs.*

It has been successfully used in "suppurating, humid, corroding herpes, forming crusts, or else dry herpes peeling off like bran; corroding and humid herpes of the genital organs; herpes of the joints after long abuse of sulphur."—*Clin. Obs.*

Lilienthal recommends it for "moist suppurating herpes, oozing pale water when scratched; red, with red areolæ, bleeding when scratched; herpes zoster when taking cold; thick crusts all over the body; worse evenings, in cold wet weather, during rest, better from gentle exercise in a warm room."

It is to be considered for ulcers, when they are painful, with scanty discharge, worse from cold and wet, or from atmospheric changes.

Dule. must be classed with Merc., Baryta, *Cale*, and other remedies in diseases of the glandular system, as the following indications show:

“Swelling of the cervical and submaxillary glands, which is frequently very painful; in the glands one experiences a pain at every turn of the neck. Swelling of the inguinal glands brought on by a cold, especially painful when moving the feet and trying to walk, less when touching the parts, accompanied by a drawing and tight pain in the affected part, extending as high as the pubic arcade, vomiting, diarrhoea, colic, light fever, bubo, scrofulosis.”

Lilienthal advises it when there is “cold swelling, also for inflammation and induration of the inguinal and cervical glands, with tensive pains. Dule. is frequently indicated after Bell. or Merc.”

Some authorities recommend Dule. for ailments resulting from wet weather, others again for troubles arising from every change from warm to cold.

In my experience, it is not useful for maladies which arise from wet weather indiscriminately. The patient for whom Dule. is curative, has ailments either aggravated or arising from *cold*, damp or wet weather. Nor have I ever been successful in treating diseases which were caused by changes from warm to cold and dry. The cold weather requires the element of dampness, and the wet weather must be cold, to suit this remedy.

Dule. will likewise cure sufferings which arise from exposure to night air. Catarrh, asthma and diarrhoea from this cause are troubles which occur in every physician's practice, and for which Dule. is a sovereign remedy. It is, in my judgment, the great east wind remedy in the materia medica. I frequently prescribe it for maladies which aggravate whenever the wind gets into an easterly quarter.

The Dule. patient is worse at night, from cold air, and from rest, is in general ameliorated by motion, and when walking in the warm air.

Many of the pains are relieved by pressure, especially those in the chest and extremities.

The amelioration by motion and aggravation from rest require this remedy to be carefully compared with Zincum met. and Conium.

The Lachesis patient likewise aggravates by cold, damp weather, and consequently Lach. follows Dule. well.

Many ailments which have been relieved by Dulc., need Lach. to complete the cure.

CARIES OF THE OS FRONTALIS.

A MISTAKE IN SURGICAL PRACTICE.

BY CLARENCE WILLARD BUTLER, M.D., MONTCLAIR, N. J.

(Read before the New Jersey Homœopathic Medical Society.)

MR. W. N., drug clerk, 17 years of age, of slight build, light complexion, with family history of scrofulous tendency, consulted me, August 27th, 1872, for the following condition and giving the following history: Nine years previously he fell from a tree striking on the right frontal eminence. He was stunned for the time, but quickly recovered consciousness under domestic care, and suffered no further inconvenience from his fall than a very considerable local swelling, which disappeared in a few days without medical attention. The skin of the forehead was broken, but healed kindly, leaving only a small scar. About one year previous to the date of this consultation (eight years after the accident), a swelling appeared near the site of the scar, red, hard, and in circumference a little larger than a silver dollar. An allopathic physician was consulted, who pronounced it erysipelas, and treated it with an application of sugar of lead and laudanum. It continued to increase in size for about a week, when the presence of pus becoming evident, it was lanced at the old cicatrix. It discharged profusely and the tumefaction and redness quickly disappeared. The pus, which at first was bloody and disagreeable in odor, became gradually thicker and more healthy, but continued to discharge, in spite of all treatment employed, in considerable quantities. After two months with Doctor No. 1, he placed himself in the hands of another physician of the same school. Doctor No. 2 commenced at once the use of stimulating injections (principally a solution of the nitrate of silver). The discharge became less under this treatment, but a second swelling manifested itself about the centre of the forehead (an inch to the left of the original tumor). This was lanced in a day or two after its appearance, when the original sinus healed and the pus, which continued to discharge without diminution, was evacuated at the second opening. After a month's treatment under Doctor No. 2, he went to New York and into a hospital under the care of a surgeon of national reputation. The learned doctor treated him for a week, thinking that "tonics"

and stimulating injections would cure, but at the end of that time advised "an operation" as the only available means. This the boy absolutely refused to submit to and, leaving the hospital, returned to his usual avocations. For several months he received no regular treatment, although he had experimented a little with domestic medicines and methods without benefit.

The diagnosis has always been that the "bone was diseased," but none of his physicians have been able to determine the location of the disease. A most careful probing revealed that the soft tissues were separated from the frontal bone for a distance of three or four lines toward the left (toward the original sinus) and below the present opening. Toward the right and above, they adhered normally to the bone nearly to the edge of the sinus. There were no evidences of diseased bone to be felt in any direction, nor was there discoverable a canal of sufficient calibre to admit the probe. The discharge was thin, watery, and slightly acid. It flowed day and night. He had absolutely no unpleasant sensation, except a slight itching caused by the acidity of the pus. My diagnosis was, caries of the diploë of the os-frontis, the discharge escaping through openings in the external table of the bone, too minute for detection by the probe.

I prescribed Silicea²⁰⁰, 1 dose. September 5th, he reported that the sinus closed toward morning, necessitating its being opened to allow the escape of the accumulated pus, which pulled out the skin about the scar. The pus is thicker and less acid. Rx. Silicea²⁰⁰, a powder to be taken *dry* each night.

A detail of the treatment from this time till October 30th, the date of my last prescription, would be profitless. Enough that I gave Silicea 6th, 200th, and 1000th, sometimes one potency, sometimes another, but Silicea in some strength at least one dose every day, and always in the form of *dry* powders. October 30th, he called to say that he had lost all hope of being benefited by medicine, and should discontinue treatment, being no better than two months before, when he began with the remedy. For the last week he had taken one dose of Silicea^m dry, each night. Early in December he called at my office one evening and showed me that the forehead was entirely well. After stopping the medicine the discharge showed no perceptible change for ten days, when he noticed a lessening of its amount and continued diminution, until in about three weeks from the last dose of Silicea he awoke one morning to find the sinus closed and no swelling about it. He had meantime done nothing and taken nothing for it. From

that time until this it had remained perfectly well. I met him on the street in a neighboring city about a year ago, nine years having elapsed since the healing of the opening, and he informed me that he had never suffered the slightest inconvenience from it since 1872.

I suppose that there is no doubt in the mind of any homœopath that *Silicea* cured this case; that to it and to it alone the recovery was attributable. The mistake was undoubtedly made in too frequent repetition of the doses, especially as they were given dry, and in not letting the case alone, September 3d, when it had commenced to improve. As soon as the patient took himself away from my meddlesome interference, the forces of nature, which had been brought to healthward action by the homœopathic remedy, carried the case to complete and speedy recovery. My patient, however, never believed that the medicine I gave him had any effect upon his disease, and laughs to-day at the idea of receiving benefit from homœopathy, because he "has tried it and found it of no avail."

The moral of this history is,—never repeat your doses when improvement has certainly commenced, and, when this is the case, fly at once to what an eminent homœopathic physician calls "the *post remety* in the *Materia Medica*,"—*Saccharum Lactis*.

Thus shall you gain for homœopathy friends and adherents, and for yourself, reputation and shekels.

A GROWING ERROR IN REGARD TO THE NATURE OF PNEUMONIA.

WHY OPIUM IN ANY FORM SHOULD NOT BE GIVEN—ALSO OBJECTIONS TO THE USE OF QUININE.

BY M. O. TERRY, M.D., UTICA, N. Y.

PART I.

THE growing tendency of the most careful observers seems to be toward a belief in the constitutional nature of pneumonia. Leading text-books are propounding the question: "Is it an inflammatory affection, or is it a general disease with a local manifestation?" This is not because its pathology has not been thoroughly studied, but rather from the fact that old-school treatment of it has been most unsatisfactory.

It is not my intention to enter minutely into the causes and diverse clinical phenomena of this disease; that has been done by able writers in Europe and in this country. My aim is

simply to show erroneous conclusions in regard to its character, and to criticise old-school treatment.

An acute inflammation of the lungs, which is also called acute pneumonia, is named, very absurdly, by the German writers, "croupous pneumonia," on account of the supposed resemblance of its histological process to that of croup. The French call it "fibrinous pneumonia," a name equally inappropriate, as well as confusing.

"Acute pneumonia is, undoubtedly, to be regarded as a *general disease*, of which the pulmonary inflammation is the prominent local lesion. The view that it is a strictly local affection of the lung, to which the pyrexia and other symptoms are secondary, is altogether untenable. The truth of this statement becomes obvious from a study of its natural history. The disease, as will be seen subsequently, runs a typical course."*

"Croupous exudative, or lobar pneumonia, is now regarded as a *general disease*, of which the pneumonic consolidation is the prominent local lesion."†

"Pneumonia is a disease in which one or more lobes of the lung are consolidated, with morbid products in the air-vesicles and bronchioles."‡

"The histological phenomena are much the same in lobar or fibrinous pneumonia as they are in lobular or catarrhal pneumonia, but the exudation, in addition to other constituents, contains fibrin; the latter is at first fluid, but soon coagulates and holds in its meshes the elements already indicated."§

Having brought to your notice the views of the most eminent pathologists and writers on the subject, I shall now proceed to show that pneumonia is an inflammatory disease, *local* in character, and shall endeavor briefly to point out certain features of its pathology.

By general consent pneumonia is considered in three stages: Engorgement, red hepatization, and gray hepatization.

In the first stage the engorgement is followed by the exudation. Now, it will be remembered, that Carpenter states that the histological phenomena are much the same in catarrhal and fibrinous pneumonia; in the latter, however, fibrin is found in the exuded sputa. Let us now endeavor to determine whether this statement will stand the physiological test.

* Richard Quain, *Dict. of Med.*, 1883.

† T. Henry Green, *Pathology and Morbid Anatomy*.

‡ Dr. Wesley M. Carpenter, *Index of Practice of Medicine*, 1883.

§ Cornil and Ranvier, *Manual of Pathological Histology*.

The blood in a healthy state contains about seven per cent. of albumen and one-fifth of one per cent. of fibrin. The albumen is constantly changing into fibrin, and under favoring conditions the process becomes greatly accelerated.

Now what are the conditions which bring about a rapid change of albuminous exudation into fibrin? On this point we quote from Dr. Draper, in his *Human Physiology*, as follows: "The problem is most clearly presented in the case of the incubation of the bird's egg. The white of the egg, consisting chiefly of albumen, gradually loses that form and passes into the state of fibrin, as the development of the muscular tissue of the young chicken is effected; but the change cannot take place except oxygen be received through the shell; and, indeed, in all cases in which albumen passes into fibrin, it does so only in the presence of oxygen."

It will be seen, therefore, that the degree of rapidity with which the albuminous exudation, occurring during the inflammation, passes into fibrin, will depend on the temperature and protection of it from air and decomposing influences.

While there is a constant tendency for the albuminous exudation to change into fibrin, there is also liability of its being transformed into pus by the presence of various contaminating influences floating in the air respired. It would seem that the latter condition, if true, were the more desirable; yet the probability is that the formation of fibrin and pus-cells takes place in every instance at the same time, in which the pus-cell succeeds, to a certain extent, in preventing permanent consolidation of the lung.

A material resembling gray hepatization may be obtained in this way: "Wheat flour when kneaded under a stream of water, the starch is washed away, and the gluten remains.* Crude gluten, thus prepared, when freed from oil, albumen, etc., proves to be identical with *animal albumen*."—*Youmans*.

Resolution is principally effected during the gray hepatization stage by the disintegration and fatty degeneration of the albumino-fibrinous material.

I have thus shown how fibrinous consolidation takes place, and will add that there is always a tendency to organize connective tissue from it. In the gray hepatization there is always a tendency to fatty degeneration of its albuminoid elements, and it is either expectorated or, when emulsified, carried off by a process of absorption.

* It is a *gray, tough* elastic substance, almost resembling animal skin in appearance.

I have thus briefly pointed out the natural results following an inflammation of the lungs. There can be no doubt, it seems to me, that what follows is but the natural result of a local lesion.

One word in reference to constitutional symptoms. Who, familiar with disease, will wonder that constitutional symptoms occur with a temperature continued for a length of time considerably above the normal line? Old-school practitioners, therapeutists, and pathologists, why? Because they are dumfounded over the results obtained by their treatment, and contrary to their own pathological conclusions must make the disease something terrible in order to pacify the public. The simple fact is, that in a very large proportion of cases, the treatment of pneumonia is a very simple matter, and when appropriate, promotes an early termination by resolution. It follows, when any unfavorable result obtains, the decided probability is, that the treatment employed, instead of favoring resolution, may have been a principal contributory cause to the fatal termination. It is also probable that those witnessing this result mistake the effects of the treatment for constitutional disturbance; hence, the erroneous conclusion, that the disease is a general and not a local one.

PART II.

Inasmuch as Bartholow is considered by a majority of the old school as the highest authority, I shall refer to him quite freely in my physiological and therapeutical references.

He says: "As we have to deal with a self-limited disease, which terminates by crisis between the fifth and eighth day in sixty per cent. of the cases, *and as we possess no specific*, it is obviously our duty not to interfere too zealously in natural processes, and prevent by our injudicious handling a favorable termination. Cautious treatment is all the more necessary, since the diatheses are so largely concerned in the origin, the evolution, and the termination of the disease."

After this cautious advice he gives this treatment: "A vigorous healthy subject, free from constitutional vice, will require a more vigorous handling than a broken-down alcoholic. If seen at the beginning, during the stage of congestion, the author believes that much may be accomplished in an ordinary case by a full dose of Quinia and Morphia (ʒj-gr. ss), the application of cups or leeches, and small and frequently repeated doses of the tincture of Aconite root, two drops every two hours." He also recommends mustard poultices, and a

purgative, which, he states, also "serves to diminish the abnormal blood pressure." "If the viscid secretion is poured out in the air-sacs and bronchioles, and coagulates, it is necessary to use some agent which possesses the power to lessen the viscosity and coagulation." For this condition some one of the various preparations of Potassa or Ammonia is commonly prescribed.

Bartholow then continues: "As soon as consolidation of the lung is accomplished, all arterial sedatives of every kind should be discontinued. The tincture of *Aconite*, or the more powerful tincture of *Veratrum viride*, may be given with undoubtedly good effects during the stage of congestion, provided the subject is robust; but they cease to be useful when red hepatization has resulted, for then already arterial ischæmia and overdistension of the veins exist."

Bartholow also quotes Juergensen, who maintains the necessity for the use of antipyretics, among which he places the cold-water bath first; and next, the use of Quinine in scruple doses every four hours until the temperature falls to a proper point. To reduce the temperature Juergensen regards as so important, that in the absence of the means for a cold bath he suggests exposing the patient naked to cold air.

In order that there be no error regarding the prevailing treatment of this form of disease, I will make one other selection, quoting only what the author feels it necessary to emphasize: "The evil effects of cardiac sedatives during the stages of exudation and of coagulation of the exudate, the administration of *Veratrum viride*, *Digitalis*, *Aconite*, and *Tartar emetic*, can only add to the burden of the heart, already laboring in consequence of the stasis on the venous side, and lack of blood on the arterial side. Paralysis of the heart is one of the most imminent dangers, because of this state. It is true that continued high temperature contributes to bring about paralysis of the heart, but we possess the means of correcting this by the administration of *Quinine* and by cold baths or the cold wet pack."

The treatment of Bartholow, which, I am sure, takes in the standard treatment of the old school, is so bad, that if time would permit, it perhaps would be well to submit it all for analysis.

Now, if you will kindly remember that this scientific man, the recognized authority of old-school practice, has stated that sixty per cent. of cases of pneumonia will terminate by crisis between the fifth and eighth day, and will observe that he has

left forty per cent. to be treated with remedies which he admits have no specific influence, but which may prevent a favorable termination, it seems to me we have a confession which the community should understand. Shall we allow this sacrifice of human life to go on without warning the people? I answer, no! Let us, from a scientific standpoint, and without prejudice, show the groundless assumption to scientific attainments in therapeutics in the old school.

I now deem it my duty to analyze the ingredients of this very common prescription of Quinine and Morphine—my physiology I shall get from Bartholow.

“The physiological action of Morphine, when given hypodermically, in doses of one sixth or one-fourth of a grain (same doses as in pneumonia), may be succinctly given as follows: Fulness of the head, giddiness, tinnitus aurium, and frequently nausea. The lips have a bluish appearance, the mouth and tongue become dry, swallowing is painful, and the voice has a husky tone. Respirations are slow, noisy, and labored, and the sleep is disturbed by dreams and visions. The action of the heart is diminished in frequency, but a decided rise takes place in the arterial tension. The skin is at first dry after a hypodermic injection, but after a time diaphoresis begins and is sometimes profuse. The relaxation of the skin is coincident with a fall in the arterial tension. *The secretions of the mucous surfaces are at first arrested, as well as those of the skin.* When lethal doses of Morphia have been administered by any mode, profound narcotism quickly ensues; the *pulse becomes slow and feeble, or rapid and feeble; the respiration also becomes very slow and shallow; the skin cold and sweating; and the face cyanosed and ghastly.* In some cases very sudden death ensues from paralysis of the heart. It causes death chiefly through paralysis of the muscles of respiration.”

Again he says: “There are persons so easily affected by it that the *minutest quantity* will cause uncontrollable vomiting, faintness, vertigo, and alarming prostration.”

The following formula embodies a truth Bartholow states as of great practical importance: “As a rule Opium does harm in all gastro-intestinal maladies in which there is a *deficiency in the proper secretion*, or a suspension of the functions of the liver and kidneys.”

In pneumonia he says: “Opium is a remedy of very doubtful utility. Its narcotic action certainly disposes to pulmonary congestion, although it may be cautiously used to allay pain and moderate cough.”

Now, is it necessary for me to say that a remedy, which produces slow, noisy, and labored respiration, a dry mouth, throat, larynx and bronchi, a rise in the arterial tension, and an arrest of the *secretions* of the *mucous surfaces*, should not be given in pneumonia under any circumstances?

Again, if Bartholow states the truth—and he is a scientific man—that there are persons so easily affected by it that the minutest quantity will cause uncontrollable vomiting, faintness, vertigo, and alarming prostration, are not the deaths which so frequently occur during its administration in pneumonia attributable to a paralysis of the heart, or of the muscles of respiration, or both?—a condition produced by lethal doses of Morphine.

If you will indulge me one moment, I would like to give an example of this treatment, one quite fresh in the memory of at least two members of this society. It was during the month of April of this year, that one of our most esteemed citizens was afflicted with pneumonia. One of the most reputable physicians of our school was in attendance. So far as the human mind could discern, the patient was doing well. On an evening he suddenly became worse; in fact, his symptoms were of such a character as to cause intense anxiety to the friends as well as to the physician. At an early hour the next morning, when a consultation was held, it was noticed that the skin of the patient was cool and clammy, respiration shallow and frequent, and the pulse rapid and feeble. Within twenty-four hours he was dead! *Cause.* On the evening the patient was taken worse, the prescription of Quinine and Morphine was taken without the knowledge of the physician and repeated. If you will recall the principal physiological symptoms of Morphine, the same were seen in the patient.

In regard to the use of Quinine Dr. Stillé says: "That the lungs are embarrassed in their functions, but probably through the nerves more than the circulatory system, is proven by observation. It is not unusual for persons under the influence of large doses to complain of tightness and oppression of the præcordia, while the face grows pale and wears a look of distress. Sometimes, indeed, there is severe dyspnoea, and a sibilant rhonchus is heard in the lungs."

Dr. Bartholow says, in regard to the value of Quinine, to reduce the temperature: "In fevers and in inflammatory diseases it diminishes to some extent the heat, but very large doses are necessary to effect much reduction."

Dr. C. D. F. Phillips agrees with Binz in regard to the

manner in which the temperature is brought down, and says: "This lowering of bodily temperature is produced by means of a general interference of Quinine with the oxidation processes of the body in almost every part of it."

Considering the facts of the physiological symptoms already given, (?) that *continued* auditory sounds have been frequently produced, and marked deafness incurable in character brought on by the large doses of Quinine given to reduce the temperature, it seems to me that, taking into consideration the negative value of the drug in addition, no other argument would be necessary to lay the drug on the table.

Perhaps I should not attack the mustard plaster! It is not so innocent an adjunct though, if it has been used since the days of Hippocrates. If used immediately for hyperæmia, or early congestion following the sudden taking of a cold, it is probably harmless, and may even be of some value. But as soon as an exudation is thrown out, I am satisfied that continued irritation, in the form of a sinapism, is not free from unpleasant after-effects. My objections you have undoubtedly anticipated, but are these: As sure as there takes place an exudation into the air-cells and bronchioles, following a congestion, just so sure will there occur an exudation in the region of the mustard plaster. What results? Organization of the exudation takes place in many instances, and adhesions are formed joining the pleura and chest-walls.

I shall make only two suggestions in regard to the treatment of congestion of the lungs and pneumonia.

I. Unquestionably hot moist applications are of incalculable value. Whether used in the form of hot flaxseed or a meal poultice, hot cloths, or the more elegant spongio-piline, it matters not, so long as the indications are met. *Applications should be made as hot as can be borne, and continued at the same temperature until pain ceases.*

II. During the hyperæmia and congestion, and the early stages of the inflammation when the temperature runs high, remedies should be given of sufficient strength to reduce the arterial tension as soon as possible. By keeping the temperature down, less exudation will take place, and the heart work will be materially lessened, and, therefore, the organ saved.

DISCUSSION.

Dr. Wells spoke of the entire reversal of the old-school treatment of pneumonia as in vogue fifty years ago when he first began to practice medicine, at which time bleeding was

the standard treatment; he thought the only correct way to treat it was in strict accordance with the law of similia.

Dr. Laird spoke of a case within his knowledge, treated with antimonials, producing death within eight hours; he also explained the manner in which Opium increased the lung congestion.

Dr. Scudder thought abscess likely to follow the old-school treatment. Stimulants were also considered injurious, as tending to increase the congestion when used early in the attack, but were useful temporarily in the stage of depression. The physicians present were asked as to the proportion of fatal cases in their experience.

Dr. Wells stated that, when an allopath, he saw many fatal cases, but since he had practiced homœopathy, thirty-seven years, he had not lost a case under seventy-five years of age.

Dr. G. B. Palmer said he had lost but two cases in twenty-seven years, and one of these he believed to be consumption.

Dr. Warren had lost three cases in twenty-five years.

Dr. Laird had treated sixty-three cases without a loss.

Dr. Chase had lost one case, which came to him after several days' old-school treatment.

The homœopathic physicians of the city lost but one case last winter, when pneumonia was very prevalent, and that one had taken large doses of Quinine and Morphia without the knowledge of the attending physician.

RATIONAL VERSUS SPECULATIVE GYNÆCOLOGY.

BY S. J. DONALDSON, NEW YORK CITY.

THE age in which we live may legitimately be regarded as one of specialties, no profession or calling being exempt from the prevailing disposition to adopt particular methods of study and practice. The rapid multiplication of specialties is clearly attributable to the fact that so many minds are actively engaged in the development of the sciences, the result of which has been an enormous increase of research within their realms, but in no science have such rapid strides been made in this direction during the present generation as in that of medicine. Not many years since, the physician filled acceptably the office of general practitioner, surgeon, gynæcologist, obstetrician, dentist, and oculist. His library consisted of a handful of well-conducted standard text-books. To-day an army of professionals are engaged in performing the duties then incumbent upon

one, and the mass of medical literature pressed upon us is so vast that no one mind can appropriate it all, for a host of thinkers are elaborating and thrusting forward many interesting subjects, which a few years ago were comparatively unknown. In this way the field of medical knowledge has been so enlarged as to necessitate its division and subdivision, the different parts being selected by those who feel themselves particularly competent to cope with and still further develop the subject adopted. It is evident, therefore, that the specialist is the creation of these ever-increasing contributions, which have extended far beyond the power of individual appropriation, and it is undeniable that, taken collectively, these special laborers have placed our science upon a vantage-ground far in advance of any it would have been possible for it to occupy by any other means.

On the other hand, coupled with these recognized benefits, there exists a compensating disadvantage, for, with this transforming of the science of medicine into specialties, there is great danger of the degeneration of the general practitioner into a tiresome, or even dangerous hobbyist. Every intelligent student of psychology has found that the natural mind is by no means disposed to pursue a broad and generous method of reasoning, but its trend is to meagre conservatism, even to the verge of one-idealism. No pause for reflection is necessary in order to justify this statement, for we are constantly encountering substantial evidence of the existence of that concerning which we would be incredulous were it not a part of our daily experience. On every hand we meet practitioners persistently pushing forward some pet theory, unwittingly oblivious of the fact that they are ignoring the most valuable and practical physiological aids which slighted reason is constantly placing before them. How often do we see the grain of truth exaggerated into Himalayan proportions, and the persistency and enthusiasm of the fanciful theorist equalled only by the indefensibility and absurdity of the cherished theory.

Another psychical peculiarity is that, when once fairly mounted upon a hobby, the rider is soon borne beyond the grounds of reason away into the land of illusions. The eccentricity of the oculist who, in the gravest physical abnormality, sees only the consequences of an optical deviation, the arguments advanced by the erratic neurologist, who is never at a loss to explain the direct relationship of an implied neurosis, and the specious arguments of the man who, with an osten-

tations display of unnecessary appliances, pretends to detect and circumscribe the devitalizing tubercle in its incipency,—all are familiar illustrations of the deplorable tendency of specialties in the hands of those whose deductions are not grounded upon methods of sound reasoning, and who do not possess practical knowledge of physiology.

Now, of all specialties, that of gynæcology has unquestionably been the most beset by the hobbyist. Why pause to record the multitude of discarded speculations that once were accepted as positive truths? The history of gynæcology is largely made up of a succession of exploded theories, and, humiliating though it may be, the admission must be made that the mass of so-styled gynæcologists steadily refuse to heed the lessons taught by the past, being, if possible, more irrational than their predecessors. It is unfortunate that a majority of these specialists seem to labor under the delusion that it is impossible for a woman to suffer from any ailment disconnected with the genitalia. Incredible as it may appear, the writer has personally known numerous instances wherein the perfectly normal uteri of virgins have been plied with caustics, probed, dilated, and even pessaries inserted for the relief of various complaints, afterward proved to be in no way connected with the generative organs, these disorders ranging from an orbital neuralgia to hip disease well advanced in the second stage. Were all such authenticated cases of brutal practice collected and faithfully recorded, each month would furnish a large volume of sickening horrors. Truly our position is rendered most embarrassing by these mischievous, obdurate hobbyists. Let any unprejudiced practical inquirer dissect the prominent theories which have existed in the past, or are now in vogue, and note how far they fall short of the standard of sound reason and to what extent they have been abused. In the majority of instances our porte-caustiques and uterotomes lie in some unused drawer, filled with all manner of discarded mechanical devices for the propping up of the tortured uterus, and yet each one of the procedures with which these appliances are associated is entitled to a certain degree of recognition, and does not *deserve* to be absolutely discarded. The disrepute into which they have fallen is the direct result of their indiscriminate employment by the unintelligent enthusiast.

That condition known as subinvolution is by no means well defined, all written definitions thus far being illusory, speculative, and vague. The uterus is engorged, heavy, disposed

to sag, etc., but surely there is a better rationale to be found than simply "subinvolution consequent upon abortion or labor," as we hope to be able to explain more fully farther on. Tracheloraphy, as we are all aware, is the latest subject of enthusiasm in our department, and we need not be reminded to what an unwarrantable extent it has been carried by the many. The operation is philosophically founded, and in appropriate cases advantageous, but we venture to state that it is resorted to ten times when actually demanded but once. If Dr. Emmet had realized to what an extent this procedure was destined to be abused, doubtless he would have earnestly endeavored to protect it by some well-defined rules of limitation. True, we read glowing accounts of its efficacy from the pens of certain enthusiasts, but if the masses were to record their actual experiences in this matter, the aggregate would be decidedly discouraging. It is wonderful to contemplate the multitudes of women who have lived, borne and reared large families of children, and died at a good old age, without the slightest consciousness of a uterine cervix, which, in the majority of instances, must have been lacerated, if we are to credit the statements of these zealous fanatics. These comments are not made from any desire to undervalue or depreciate operative procedures when legitimately employed, but what we do most earnestly protest against is the evident tendency of the many to become absorbed in every novelty which may afford an opportunity for officious display, to the utter neglect of the more important hygienic and common-sense principles.

In order to better illustrate our conceptions of that which constitutes rational gynæcology, we will devote the remainder of this paper to the discussion of passive hyperæmia, than which there is no more worthy subject of consideration, nor more potent factor in producing those diseases peculiar to women, and yet it has heretofore received very little general attention. Undoubtedly a careful, intelligent study of the various causes which favor blood stasis will furnish a solution of many difficulties hitherto persistent and obscure. Much more attention has been given to active than to passive hyperæmia, and yet it is safe to assert that the latter plays a more important and far-reaching part in disease. We must bear in mind that the arterial circulation in an erect body not only possesses the *vis a tergo* of the heart's action and the contractility of the arterial vessels, but it is also favored in a great degree by gravitation. On the other hand, the walls of the

veins are passive, the volume is opposed by gravitation, and the *vis a tergo* action is comparatively feeble, being secondary in its nature. In fact, complete venous circulation is only secured through pressure upon the veins, exerted by the alternate contraction and relaxation of the muscles through which these veins are distributed. The disposition of the blood to gravitate to the lowest part, together with the accelerating effect of the action of the muscles, can easily be demonstrated as follows: First, allow the hand to hang below the heart's level, and notice the swelling of the veins; when the hand is elevated above the heart, it at once assumes a blanched appearance. Next, grasp the arm above the elbow, and watch the fuller though gradually distending veins when the arm remains at rest. Then, by opening and shutting the hand forcibly, observe the rapid and forced dilatation of the veins, and the livid hue of the tissues, arising from capillary engorgement. We have, therefore, to bear in mind these facts of vital import; the tendency of the blood to gravitate to the lowest point, the feebleness or sluggish nature of the venous current and its acceleration by muscular activity, the engorgement favored by passivity and still further increased by obstruction, and add to these considerations the character of the venous blood, being one of impurity and effeteness. Consequently it stands to reason that parts most abounding in veins are most susceptible to blood stasis, which, in accordance with the laws of gravitation, is increased through depression below, and relieved by elevation above, the centre of circulation; and that passivity favors engorgement, while activity disengorges the tissues by propelling the blood onward.

Finally, the depraved fluid remaining stagnant, degenerates those tissues with which it is in contact.

With these thoughts before us let us proceed to study the anatomy and structure of those parts pertaining to our subject.

The pelvis is a hollow receptacle for the uterus, ovaries, vagina, bladder and appendices. All these are buoyed up by a mass of light, cushiony, areolar tissue, which fills the cavity. This basin-shaped cavity is so tilted that the plane of its inlet forms an angle of about sixty degrees with the horizon when the body is properly erect. Above this is the abdominal cylindrical-shaped cavity, arched forward, so that the centre of gravitation is in front of the pelvic brim, consequently the superimposed abdominal viscera normally rests upon the concave abdominal wall and the pubic bone, and can only gravi-

tate into the pubic cavity from the trunk assuming some shape or position that would cause the centre of gravitation to fall behind the anterior brim of the pelvis, the effect of which would be to allow the weight of the abdominal viscera to rest upon the pelvic contents. These structures, we must bear in mind, are extremely vascular, being virtually a plexus of bloodvessels in which valveless veins predominate, and beside this vascularity they possess no sustaining tissues, the ligaments serving as mere lateral balances to the uterus.

With these facts before us, the importance of a correct posture in standing and sitting becomes apparent,—that is, the body should be erect, the lumbar arch preserved, so that the axis of the body would be from the crown to the anterior surface of the cervical vertebrae, to the anterior surface of the lumbar vertebrae, and the anterior brim of the pelvis, and thence to the instep. Hence women should be taught the importance of avoiding a shambling, slouching posture in walking, standing, or sitting. By this avoidance, not only are the generative organs protected and strengthened, but the entire truncal muscles are in healthful tension in maintaining the normal equilibrium, which secures a noble and graceful carriage. The construction of the modern chairs merits our earnest attention and deserves unstinted condemnation, and as they are faulty to so great a degree, it becomes a part of our duty to attempt to remedy the evil. In place of the reclining back and upholstery, that are so favorable to pelvic deviations, we should recommend one that would more fully meet physiological requirements, and the one most to be desired is that which most effectually prevents the act of reclining, such as a backless stool or divan. If a back must be added, it should be vertical, the curves conforming to those of the normal spine. From the amount of time passed in these health-destroying inventions, and from the position they compel the body to assume, there can be no question but that they are very active agents in insidiously producing, intensifying, and protracting morbid pelvic conditions. Study the position assumed. The hips rest upon the front edge of the seat, the lumbar curve is straightened, the pelvic cavity is tilted backward, thereby becoming a receptacle for the gravitating fluids and abdominal viscera, and these influences are augmented by the weight of the relaxed abdominal wall, this weight being still further increased by the direct pressure of skirts, waist-bands, corsets, etc. So long as this malposition in sitting is permitted, a cure of prolapsion or engorgement of the uterus or ovaries is as impossible as

that of varix of the legs while the patient persists in standing passively, discarding all forms of support. It is also important to study the recumbent posture, and yet how rarely is incorrect attitude in either standing, sitting, or lying referred to in gynecology. Surely medical men are conversant with the distribution of the great bloodvessels, and the position of the various organs of the body, and it is strange that this knowledge is so seldom utilized for the prevention and relief of turgescence. On the contrary, we often hear practitioners direct their patients to "lie on the back" during periods of preternatural turgescence of the pelvic tissues. It would be equally pertinent to recommend hanging the head lower than the body to relieve cephalic congestion. Assuming the attitude of prostration for the relief of an engorged pelvis, and elevating a diseased extremity to reduce congestion are analogous measures.

It is well known that the anatomical features of the vascular system of all mammalia are strikingly alike, and yet man alone assumes the dorsal recumbency. That this posture is abnormal is evidenced by the fact that all young children lie prone and must be educated to tolerate the dorsal position. The physician should sufficiently respect physiology to see the propriety of avoiding that position, which is in every way calculated to interfere with healthful circulation. In supine recumbency the large bloodvessels extending along the dorsal wall are compressed by the superimposed structures. By this mechanical impeding of the circulation, combined with hypostasis, engorgement of all the inferior tissues is induced. This is an especially important consideration as applied to the female economy. When a woman occupies dorsal decumbency the heavy hips sink into the yielding couch, and become the lowest portion of the body, everything combines to render the pelvis a reservoir for the impeded blood, and the engorged uterus naturally yields to gravitatory and superimposed influences. If the semi-prone position be assumed all this evil is remedied. The body rests upon the soft cushion of adipose tissue with which nature has provided it, the glands and bloodvessels are no longer embarrassed by compression, the spinal cord and cerebellum are relieved of the unnatural plethora, hence frightful dreams vanish, the pelvic basin is inverted, its contents gravitate forward and directly away from the cavity, the uterus, ovaries and adnexa are no longer turgescient and compressed, but are free and rest upon the soft cushiony bladder. We cannot enter into any detailed discussion of the morbid

changes of the genitalia which are directly attributable to blood stasis arising from malposition of the pelvis, but without question that condition of the uterus known as subinvolution is the result of a prolonged dorsal posture, maintained at a time when the organ is bulky, soft, and the tissues most favorable to stasis, owing to the enlarged and weakened state of their venous plexus. There is a belief prevalent among women that the dorsal position is the one to be preserved during the period of pelvic disturbances. The majority of them will assure you that their previous medical attendant recommended this, and disapproved of any other. Prolapsion, deflexion, ovaritis, metritis, menorrhagia, metrorrhagia, and their concomitants, are each in a measure due to and greatly modified by posture. We have already alluded to the fact that the venous circulation is largely dependent upon muscular activity.

No law is more universally demonstrated than that which proclaims activity a necessity to healthful existence, while inactivity favors dissolution. At this time we may not explore the wide and profitable field here opened for our inspection, but can only briefly state that, through activity of the muscles, the effete cell product is dislodged, the blood, loaded with its impurities, is impelled onward, blood stasis is prevented, and healthy tissue formation is secured. Exercise imparts tone to the digestive organs, stimulates the excretions, increases respiration, develops and strengthens the resisting tissues, and confers vigor upon the intellectual powers. The gynecologist who neglects the employment of this potent factor, in the management of his cases, will meet with but meagre success. To prove advantageous, however, exercise must be instituted judiciously, otherwise much harm may ensue. It should always be performed in the open air and sunlight, begun carefully and gradually increased with the growth of the patient's endurance. Another law of life is the alternation of labor and complete repose, hence each period of exercise should be succeeded by one of rest in the semi-prone recumbent position. Unless these precautions be observed, the recuperative virtues of exercise will not be realized. The most approved form of exercise is walking, and it is always desirable that the effort be united with agreeable associations, such as the pursuit of some definite object or pleasant companionship. Riding in a padded carriage is often more provocative of evil than productive of good. If we are called upon for substantial proof of the advantages to be secured by exercise, we would direct attention to the robust healthful physique of the girl or woman

whose duties or pleasures necessitate plentiful exercise in the open air, and then as a contrast note the enervated diseased body of one who, through luxury, indolence, or sad necessity, does not enjoy the invigorating influences of outdoor activity. Since it is directly connected with the subject under discussion we would, if time permitted, call attention to the penalties many women pay for their subservience to the inexorable and frequently ridiculous laws of fashion in dress, but we have already extended beyond the limits originally intended for this paper. With our earnest efforts at being concise, we realize how much of our argument must remain unwritten. All we have been able to accomplish is the pencilling of the mere outlines of vital and valuable principles, and we can only hope that whatever thought worthy of approbation is herein embodied, may be more fully developed by individual application.

SANGUINARIA CANADENSIS.

BY L. B. WELLS, M.D., UTICA, N. Y.

(Read before the Oneida County (N. Y.) Homœopathic Medical Society.)

THIS remedy has been used by the so-called regular physicians to a limited extent, but has been a leading remedy by the eclectics.

It has been used by members of the eclectic practice in the treatment of scarlet fever, and cases of sore throat like those peculiar to scarlet fever.

A physician in Onondaga County, known to the writer, acquired quite a reputation in the treatment of scarlet fever with small doses of the tincture, alternated with the tincture of Capsicum. 8 or 10 drops in a tumbler of water, and teaspoonful doses, in alternation, were his favorite methods of treatment. His success was far superior to that of his neighbors of the regular school.

In headache it is a valuable remedy when used in accordance with the characteristic symptoms.

It has been termed the great American remedy for sick headache. A careful study of its pathogenesis will place it among the leading remedies for those affections, especially of a periodic character. It commences in the early morning, increases until noon, gradually subsiding until evening. Commences in the occiput, extends over the right side of the vertex and forehead and over the right eye, often followed by vomiting. No less important are its relations to the respiratory organs. The cough is dry, with soreness in the larynx and adjacent parts. It has been successfully used in croup.

The parents of the writer informed him that when a child a physician attending him gave him minute doses of the blood-root every few minutes through the night while suffering from croup.

A study of its provings confirms its relation to that disease.

Wheezing, whistling, metallic-sounding cough, with stridulous breathing. Dry cough, with tickling in the throat-pit or stomach, relieved by rising up in bed and passing of flatus upwards and downwards. Whooping-cough, with spasmodic action across the throat, worse at night, with diarrhœa.

It has also pains in the chest, nose, right side, and under the right shoulder-blade, with dry cough.

Relief from the above has been repeatedly experienced by the writer.

Cough, with pains in the chest and circumscribed redness of the cheeks. It is a valuable palliative in phthisis. In typhoid pneumonia, when the characteristic symptoms occur, it should not be neglected, it being more adapted to cases of that character than to those of a more inflammatory form.

Rheumatism. From a study of its pathogenesis, it gives marked indications for its special relation to that disease. One special characteristic is, the pains are worse at night.

In lumbago and other rheumatic conditions, especially of a chronic character, it should receive attention.

That this drug has not received the careful study its importance demands, is evident from the fact that we rarely see it mentioned in our periodical literature.

Its relations to the throat indicate that it is not to be neglected in the treatment of diphtherias, as well as its general symptoms.

Polypus. In 1850 a gentleman had obstruction of one nostril for many years by a polypus. Sang.¹² was taken morning and evening one week, and then once a day. The tumor diminished in size, and in six weeks it came away with no return of the trouble.

DIFFERENTIAL DIAGNOSIS OF CROUPAL DISEASES.

BY C. E. CHASE, M.D., UTICA, N. Y.

(Read before the Oneida County Homœopathic Medical Society.)

VARIOUS diseases of the larynx, occurring in infants and young children, have at various times been designated by the term croup; a term that to the uninitiated is apt to be mislead-

ing, and should either be dropped entirely, or be so restricted in its meaning by common consent as to apply to one particular form of diseased process, as, for instance, membranous croup. The word itself means simply a cry, or hoarse sound of the voice, and to that extent might apply to several different varieties of laryngeal disease.

The intention in this short article is merely to call attention to some diagnostic difference between three or four laryngeal diseases which frequently occur, and are sometimes confusing, namely: Acute catarrhal laryngitis, spasmodic laryngitis, diphtheritic or membranous laryngitis, and laryngismus stridulus.

Acute catarrhal laryngitis is a disease ordinarily of little moment, though in very young children it may be quite serious; it is of very common occurrence in adults, some persons having an attack from the slightest exposure to drafts of air or sudden changes of temperature; it frequently begins with symptoms of ordinary cold in the head, the hyperæmia of the mucous membrane gradually extending to the larynx. The symptoms are hoarseness, pain, and soreness when talking or swallowing, dry hoarse cough at first, gradually becoming looser as resolution sets in; there is some febrile irritation, which, however, is generally slight; adults usually do not suffer from dyspnoea, but young children, owing to the narrowness of the glottis, frequently suffer severely from difficulty of breathing, and in some extreme cases, where the inflammation and swelling are extensive, œdema may occur and produce death from suffocation; such cases, however, are rare, the attacks generally being transient, and result in resolution, though from neglect or poor treatment they may become chronic.

Spasmodic laryngitis, false or catarrhal croup, is a very frequent disease in this country, few children escaping it entirely; and it is not uncommon to be told, many a child has had croup half a dozen times, or "he has croup every time he catches cold." It has indeed a very alarming look at its first outbreak, and is then often difficult to distinguish from true membranous croup, though a little time and careful observation will soon show the difference. Its appearance is usually very sudden; a child who on retiring appears to be perfectly well, or at most to have only a slight cold, wakes up suddenly about midnight, greatly frightened, with a loud hoarse barking cough, gasping for breath, with sensation of suffocation, loud noise during inspiration, slight blueness of the face, great restlessness, and more or less fever; after a time the spasm gradu-

ally relaxes, the fever and restlessness decline, and the patient finally falls asleep, coughing occasionally, perhaps, but waking in the morning, and playing about the house as usual, apparently as well as ever, with no indication of the alarming scene of the night before. With prompt and careful treatment during the attack and the succeeding day, there will usually be no return of the disease the following night, and the case will progress to complete recovery, though occasionally the spasm recurs for two or three successive nights.

False-membranous laryngitis, true or membranous croup, is one of the most dangerous diseases to which children are liable, and requires the most prompt and careful treatment; it usually attacks a child but once, therein differing from catarrhal croup, which may attack the same patient any number of times. Its approach is insidious, presenting sometimes for three or four days symptoms of an ordinary cold, until suddenly in the night or even during the day it is noticed that the character of the cough has changed and has become hoarse and ringing, respiration is obstructed, inspiration is prolonged, noisy, and difficult, the voice becomes hoarse and is lost entirely as the disease advances, the fever persists and increases, suffocative attacks occur such as we have described above, but with only partial remissions, which become less and less marked as the disease advances, and the exudation encroaches more and more upon the capacity of the larynx, until it becomes one prolonged agonizing scene of hopeless struggling against impending suffocation.

There need ordinarily be no difficulty in distinguishing between this disease and spasmodic laryngitis, if it is kept in mind that there is no exudation in false croup but simply a catarrhal condition associated with spasm. False croup appears suddenly with no or very slight previous catarrhal symptoms, while the membranous form is preceded for several days by cough, slight fever and symptoms of a cold. The difficulty of breathing of catarrhal croup passes away with the paroxysm, but in true croup persists between the attacks; there is comparatively little and but transient fever with spasmodic croup, but with true croup it persists and increases.

The voice is hoarse in false croup, but is lost entirely in true.

The sound of the breathing is constantly loud and croupy in membranous croup, but only during the paroxysms of the spasmodic variety.

Laryngismus stridulus, or spasm of the glottis, is purely a

nervous disease, and generally symptomatic of some constitutional dyscrasia. A large proportion of cases occur among children of a rickety diathesis, a nutritive disease which is attended by various forms of convulsive disorder; it is also sometimes a symptom of chronic hydrocephalus.

It may occur, too, in children of a very sensitive nervous organization, as a result of sudden fright, the irritation of dentition, etc.

The exciting cause is frequently not apparent, the attack coming on suddenly, often in the night, waking the child from sleep. The first intimation is a loud crowing sound, when the glottis closes, and breathing is impossible, the head is thrown back, the face becomes blue, in severe cases convulsions set in, and suffocation seems impending, when, after a few seconds, the spasm relaxes, and the child breathes again as usual. As the disease increases in severity, the attacks become more and more frequent, the convulsions become general, and death occurs in one of the paroxysms.

The diagnosis from the other spasmodic diseases of the larynx is not difficult, if it is remembered that with spasmus glottidis there are no inflammatory symptoms whatever; that the attack is sudden, neither preceded nor followed by cough or other catarrhal symptoms; the suspension of respiration is complete while it lasts, and followed by entire relief; while in catarrhal forms the breathing is continuously oppressed, and not entirely suspended, and there are cough and other symptoms of hyperæmia.

The remedies, too, are entirely different, as laryngismus stridulus is relieved by such typical remedies as Cuprum, Chlorine, etc., and the croupal inflammatory diseases by Acon., Bell., Kali bich., etc.

TREATMENT OF DIPHTHERIA—AN ILLUSTRATIVE CASE.

BY H. N. GUERNSEY, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

DIPHTHERIA, like other diseases, requires for its successful treatment a strict individualization *à la Hahnemann*. The writer regards this as an absolute essential, and never uses anything locally.

Two weeks since, a child, two years old, was taken ill with what appeared to be croup. The case did not yield to the treatment of the physician in charge, when he finally examined the throat, and found diphtheritic deposits rising from the

larynx. The child continued to get worse, its nose began to bleed from the left nostril, face began to swell and to present an ashy gray appearance, worse on the left side, and the left nostril continued to bleed and to be filled with bloody crusts. At this juncture of the case, I was called in consultation. The croupy cough was worse now than ever, and an inspection of the throat revealed a mass of loosish membrane filling the entire fauces, covering both tonsils and all the posterior portion of the uvula. *Bromine*²⁰ was administered at once in a dry state, and ordered to be repeated every four hours, until the following day. Twenty-four hours later the nose had ceased to bleed, and it was cleaner. Face not so much swollen, and of a better color. Membranes in the fauces less; uvula clean; tonsils partly uncovered, but croupy cough unimproved. Allowed the *Bromine* to act until next day, when the croupy cough was still unchanged, and the membrane showing more on the right side. *Lac caninum*^{mc} was now prescribed, dry on the tongue, every four hours. Twenty-four hours later, scarcely a trace of the membrane could be seen; the croupy cough was *entirely* gone. Twenty-four hours later, child seemed quite well, except some hoarseness. Twenty-four hours later, child up and dressed, still a little hoarse, for which *Lac caninum*^{mm} was given. A few days since, the doctor in attendance reported that the child was quite well, with the exception of a little hoarseness.

THE LAW OF SIMILARS APPLIED TO SURGERY.

BY MALCOLM MACFARLAN, M.D.

(Read before the Homoeopathic Medical Society of the County of Philadelphia.)

THERE is a correspondence between symptoms produced by drugs, symptoms occurring in the usual way, which we call disease, and those following a mechanical injury or surgical operation. It is this law of correspondence, discovered while investigating the properties of drugs, which makes the practice of medicine a science, imperfect as it is. The whole system, in the midst of much confusion, presupposes a constant factor, a definite and exact knowledge of the means employed to cure, usually a drug. While the general disease and its varieties are being continually modified by changed conditions of time, country, climate, age, etc., it is the constant effort of the physician to find a parallel to the drug action which is to effect a cure. Or if in the nature of the case the disease is incurable,

the similar or parallel remedy is the best palliative. In surgery there is this advantage, that general primary symptoms attending injuries or operations are constant and few in number, and for that reason more easily treated or prescribed for, and that where the case has been investigated and understood, its gravity can be accurately determined; besides, it usually runs a more rapid course, which is generally looked upon with favor.

For these reasons it has always appeared that the superiority of the treatment by similars could be positively demonstrated to an impartial observer or seeker after medical truth. To judge properly of this, it is necessary for the investigator first to understand the normal history of a given lesion, its attending symptoms when left to nature, supposing that every proper care has been taken, such as suitable dressings, healthy surroundings, good nursing, but no medicine. This is to be taken as a standard, and compared with a case under the same conditions, but where drugs are thought necessary and given, fairly represented by quinine, opium, or iron, according to the ruling practice, and both to be compared with a like case having homœopathic medication. Suppose, for example, that in all three cases erysipelas set in as a complication, those who had treated the disease by the new system would have the greatest confidence in promptly arresting its destructive progress and guiding the patient to health.

These typical cases presuppose some surgical disease attending them, requiring internal medicine; the great majority of cases met with are of a light nature, and do not need it. Abuse and ridicule of the new treatment is no argument, and is without weight, except from one who has fairly and thoroughly investigated it. The great objection is, that it looks like doing or giving nothing, trifling with human life, while its results are often so wonderful that they appear magical, even to one who has often before witnessed them. The doubter is afraid of a change, adheres to the conservative old routine, even with its bad results. Talk, after all, is of no use. No one can believe for himself unless he proves it. Homœopathy and progress come from a desire for better things. The great modern changes wrought by the new uses of light, heat, and electricity—forces of the universe, weighing less than any high potency—would not, nor could not, be believed by one who had not come in contact with them, proved them. It is true that the similar remedy will act all the way from the crude or massive dose up to the high potency, while the selection of the

size and repetition of the dose is an open question and should be left to the prescriber.

Experience with crude drugs shows that in surgical as well as medical cases, the closer the selection the greater the aggravation, according to the size of the dose, and slower the cure. The discovery of this principle led to dilution, and, finally, what is called potentization. The reverse of this holds good; a close similar, free from drug action, hastens the cure, which is more permanent. These remarks have no reference to a medicine chosen or given in a general way, which may cure by setting up a drug disease.

The reasons why good results with potentized medicines are not oftener reached, either in medical or surgical cases, are, that it appears like too much labor or trouble to prescribe them in a bad case when generalization with crude material might do. The preparation may be spoiled, and often is, by careless contact with other potencies; there is no means of knowing that it is so except by the tedious plan of experiment on the sick. It is better to keep two sets of dynamized medicines, one to prescribe, the other to draw from in case that given has been found worthless. In a surgical disease, as elsewhere, individualization is the secret of success in prescribing. We select a group of remedies, having the prominent features of the case, and going down the scale to minor symptoms, make the choice according to similarity. While we apply the labor of others, to do this with the greatest success we should make continual experiment for ourselves. Nothing but the educated senses and good judgment, requiring time and many cases, will enable us to interpret nature when acted on by such subtle forces as dynamized medicines, which, in themselves, produce but few and unvarying effects. Drugs in large doses, besides their fixed primary effects, wake up a host of secondary symptoms, due often to the peculiarities of the patient, varying with every prover, so that the number and confusion of these recorded symptoms are always increasing. To write out a list of medicines, with indications useful in the treatment of surgical diseases, would be simply to give a complete *materia medica*; there is no short road to their application, each case being based on a close correspondence between the medicine and case treated. The plan sometimes followed of giving the remedy on a minor symptom, or modality, is most deceptive and misleading, and more likely to be a bad than good choice, followed by no improvement. A minor symptom may be useful and point to the drug which has the prime condition sought

after, and which must be present to give the best results. Through lack of knowledge and want of time, it seems self-evident that the most appropriate medicine of those known or proven is seldom given, so that it happens a cure is not effected, may be imperfect, or relief delayed. In practice, the average success of a man, taking all his cases, is a fair measure of his skill. The changes which take place in a wound can only be imperfectly described, and, at best, are but an apology for what comes to us through our senses. Reading, therefore, never fully compensates for experience, but educates and enlarges it, presupposing a certain amount for its own interpretation. No one at present in active practice, who is familiar with the principal movements and tendencies of general medicine, as shown in leading journals and by prominent physicians, can fail to see that the profession is rapidly tending towards giving but one drug at a time, and in small but repeated doses. The physiological action of a remedy is but a proving, viewed from an old-school or material standpoint. This reform, it is believed, has not extended to surgery. The practice recommended in surgical text-books, and generally adopted, is of the most routine character, but little attention being given to medicine. The administration in large doses of a so-called tonic, alterative, narcotic, or laxative, is advised; the choice is so limited that the drugs really meant can be usually counted on the fingers. In homœopathic surgical practice the remedy is chosen from the whole *materia medica*, the main or general symptoms and conditions indicating a remedy which, at the same time, usually quickly cures the local disturbance in the wound or injury attending them. Reliable indications for the changes from healthy reparative processes in a wound or injury would be useful if based on a large experience, and would aid in the more rapid and certain choice of a specific similar, or homœopathic medicine.

THE AFTER-TREATMENT OF ABSCESS.

BY JOHN E. JAMES, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

AT the request of some of our members, I write a short article on the local treatment of abscess after opening.

An abscess, after maturing and opening or being opened, as the case may be, should be treated with warm poultices (elm or flax-seed), until the suppurative process has ceased, or nearly so; when a *Calendula*, *Arnica*, or some similar mild

lotion, Cosmoline or other simple ointment, may be applied until repair is complete. Frequently it happens that repair is very slow, or the disposition to heal is wanting. For this there are several reasons. I will mention three of the more common.

I. The opening, made either by nature or the bistoury, is too small, and the pus is not freely evacuated, but a portion is constantly retained in the sac, and serves as a source of irritation and suppuration, and favors the formation of those indurated suppurating tubes or pouches called sinuses. To correct this, it is only necessary to make a free incision to the most dependent portion of the abscess, and treat with mild lotions or cerates. If a sinus has formed, it should be laid open and packed with lint to induce granulation from the bottom.

II. The removal of the pressure, which the pus exerted upon the vessels in the walls of the abscess, not unfrequently induces a free exudation and consequent prolonged free suppuration. While this excess of liquor sanguinis and the accompanying hypernutrition and rapid multiplication of cells is going on, healthy granulation cannot take place.

To overcome this condition, it is necessary to adopt some means for the removal of that cause. The application of a compress over the sac, and firm pressure added by the application of a bandage, is generally sufficient; sometimes a graded compress will be required. This process will not only stop the excessive exudation, but will also prove a stimulus to rapid granulation.

III. A general systemic or a local weak and debilitated condition may produce an indolent condition of the abscess similar to the old indolent ulcer, which has been defined as being "too indolent to heal."

To cure this condition requires special attention to the constitutional or local cause, and the application of such remedies as will remove or at least modify either or both (for they frequently are associated in a given case) of these causes.

The local treatment must be stimulating or irritating, so that an active inflammation may be induced, and through it granulation will be excited and repair will follow. Such stimulation will be excited by using poultices containing yeast; compresses saturated with carbolized water, 1 to 40; carbolized sweet oil, 1 to 15; Calendula lotion, 1 to 15, or Iodoform. As soon as a granulating surface is secured, the use of a mild cerate, Cosmoline, Vaseline, suet, etc. may follow. If this process fail, the use of the knife or scoop, for the removal of the indolent and thickened sac, will effect a rapid cure.

LUPULINUM.

BY GEORGE W. WINTERBURN, PH.D., M.D., NEW YORK.

I SOMEWHAT question the desirability of adding to our already too extended list of partially studied drugs. And yet it is probable that no remedy is really a substitute for another, that each has its own special field, if we only knew it, and that the perfected, ideal *materia medica* may even contain a much larger number of elements than we now wot of. I therefore present, with some hope that it may prove useful, the following rather desultory and meagre account of an old-time, but little studied drug.

Hops have somewhat of a history in domestic medicine, being highly extolled by ancient housewives for their narcotic and tonic properties, and in the form of hop-pillows and hop-cataplasms have palliated pains and soothed the restless and nervous. Regular medicine has also deigned to prescribe this humble plant, but it is hardly likely that the alcoholic extract, now the only official preparation, has much therapeutic value.

Lupulinum is the active principle of hops, existing in the strobiles, which often contain as high as eight per cent. of this substance. It is a yellowish powder, and is prepared by mechanical separation from the female flowers. As many specimens of hops are nearly destitute of this active principle, the only preparation admissible in homœopathic practice is triturations of Lupulinum. Our *materia medica* men are utterly silent as to its virtues. Even Allen gives it but meagre notice. And yet it has decided therapeutic value. The picture which it presents to the mental vision is of a patient in a dull and listless, nay, all but stupid state, who is aroused with great difficulty into anything resembling animation, and who then complains of confusion in the head, and a sensation of faintness and weakness, which only the sharpest pressure of outward happenings compels him to overcome. The mouth and throat are parched, the skin at various points is covered with an erythema, scarlet-like in vividness, and the mucous membrane of the urethra is irritated, causing burning during and after micturition. Although the mind is apathetic, the nervous system is excitable, and there is twitching of the hands, of the toes, and sometimes of an entire limb.

Such is the meagre outline of its pathogenesis. That this might be defined with greater precision, is shown by its clinical history in spermatorrhœa, in chordee, in after-pains, in hysteria, and in the delirium of intoxication. In spermatorrhœa it is often of great value, and in several cases I have

had really extraordinary success with it. In these cases there has been markedly inability to think rapidly; pronounced lethargy of all the faculties; sense of weakness in the brain; great nervous irritability; insomnia; and itching, soreness, or burning in the genitals. I have used it in the second, third, and sixth decimal potencies.

In chordee it palliates the urethral inflammation, modifies the acidity of the urine, and subdues the erethism, both local and general. After parturition, it allays the tendency to spasmodic uterine contractions, quiets the nervous patient, promotes sleep, and averts the disturbing influences that might engender febrile reaction. Hysterical women, with nervous headache, suppressed urine, and chronic cough, I have seen frequently relieved by *Lupulinum*³.

In delirium tremens it not only benefits the nervous condition, but it allays the irritability of the mucous tissues, quiets the gastric disorder, and procures refreshing sleep. It, however, is not as useful as *Cimicifuga* in the erethism, nor as *Hydrastis* in the indigestion of topers.

The following case is mentioned, not as an example of good prescribing, but simply as instancing what *Lupulinum* will sometimes do. In the autumn of last year (1882) I had a young married lady as a patient. She was a most estimable lady, but was unfortunately married to a rotten *roué*, who had infected her with syphilis. The principal trouble from which she suffered was a recto-vaginal fistula, through which the fæces passed. Her husband, who was an eclectic physician, had given her morphia and other narcotics in large quantities for months, until they had ceased to have any appreciable effect. She was extremely emaciated, but presented a most peculiar appearance, for while her arms and the entire body were almost incredibly thin, her legs were as large (œdematous) as those of a person weighing at least two hundred pounds. Arsenic, Hepar, and other remedies were given as indicated, with some improvement, but the dreadful pain caused by the extreme distension of the legs kept her from sleeping even a few minutes at a time. On the evening of December 5th, she sent up to my office and begged me to give her something to put her to sleep. Quite in despair, and hardly expecting any benefit from it, I put up a dozen powders of *Lupulinum*^{3x}, and sent them with directions to take one every two hours. The next noon I was greeted on going into her room with, "Oh, doctor, that was lovely medicine you sent me last night." It seems that after taking the third powder the pain became

less, and she soon dropped off to sleep, sleeping at intervals through the remainder of the night. But the surprising point was that next morning the œdema was greatly lessened. For once I got great credit for a "flake," her husband being especially enthusiastic at the wonderful success of the "little sugar powders." I continued the *Lupulinum*, of course, and in four or five days the œdema entirely disappeared. The patient was necessarily incurable, and died in about two months from exhaustion. The action of the remedy was unexpected, and I have never quite accounted to myself for it.

Miscellaneous Contributions.

LETTER FROM DR. BUSHROD W. JAMES,

PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

DEER PARK, MD., September 14th, 1883.

DEAR EDITORIAL DOCTORS: As few of the members of the American Institute of Homœopathy have ever visited the place decided upon for our next annual meeting, and as all will be interested in hearing from it, I will briefly give some of my impressions concerning it.

When I arrived, there were very few guests here, because the season of 1883 was over, and the proprietor or superintendent, Mr. W. J. Walker, was about closing the house, and leaving for another one of his hotels, the "Queen City," at Cumberland, Md., where he makes his home until the season of 1884, when he reopens the Deer Park Hotel, about June 22d, for the general public again.

He said he would open a few days or a week previously for the Institute, if it desired him so to do, and I would suggest to the Committee of Arrangements for 1884, that they see him or enter into correspondence with him in reference to the matter in ample time, or confer with Dr. N. C. Cowperthwait, of Iowa City, who received the offer of the company to meet here, and who knows all the terms and privileges offered to the Institute.

Deer Park, the place selected for the meeting of the Institute next June, is, in every way, calculated to fulfil the promises made in its behalf. This splendid mountain resort is three thousand feet above sea level, on the top of the Alleghenies, convenient from East and West, North and South.

To particularize more fully, it is in that picturesque corner of Maryland, known as Garrett County, not far from the Pennsylvania border on the north, and the Virginia wonder-lands on the south and west. The Baltimore and Ohio Railroad Company controls the management of this and the neighboring hotel at Oakland, and they have spared no pains in providing for the comfort and enjoyment of their guests. Its accessibility, first of all, should be noted; for, being the property of this trunk line, the managers, naturally, have selected a place readily reached by the main and branch roads. Thus, Washington and Baltimore (and hence the eastern and southern cities), Pittsburgh, Cincinnati and Cleveland, with the western cities connected with these, are on the direct route. Leaving New York in the evening, breakfast may be taken the next morning at Deer Park. From St. Louis, it is only about twenty-four hours, and from Cincinnati not much more than twelve. In short, no place could have been fixed upon as more central, and, at the same time, more delightful.

The trains run directly to the hotel, and the customary stage-ride is not a thing of necessity. The visitor, at Deer Park, finds himself upon the basin-like side of an open mountain, with an unobstructed lawn view down into and across the shallow vale. The opportunities for mountain tramping are unsurpassed, and the facilities for ladies, and for gentlemen who do not relish the rougher experience, are ample, both for walks and summer drives in the midst of lovely scenery. A fine road connects this resort with Oakland, a few miles to the west. The livery accommodations are said to be excellent in the season. The hotel itself is first class in every respect; the table is bountiful and admirable, the rooms well carpeted and much more comfortable than summer resorts generally are, and the halls and verandas are wide and elegant. Two annexes have lately been built, joined to the hotel by passageways which may be closed in stormy weather. They are built in the Queen Anne style, and are very attractive. When open for the summer, excellent music is furnished by the orchestra, and concerts are given every morning and evening, at which latter time the fine dancing hall comes into requisition. This room, I suppose, will be selected by the Committee of Arrangements for 1884 as the meeting-room.

It will be remembered that, at Deer Park, we are many feet above sea-level, so that the air is pure and fresh and cool, and wafted about in gentle breezes; the mercury never exceeds

80°, rarely goes above 70°, and blankets are generally necessary at night.

We do not wish to place temptation in the way of the more venturesome of our members, but for those who wish to stay over for a day or so, we must add that the country back from Deer Park and Oakland (almost primitive in its wildness) has unlimited resources for hunting and angling. The Black-water stream adjacent has been pronounced the king of trout streams. There is, also, excellent fishing nearer the hotels.

Indeed, the Institute should be congratulated upon its happy choice, and, we trust, a very large gathering will be the result. But every member ought to come well prepared for work and for good discussion, for the meeting at Niagara has taught us that the Institute has entered upon a new era of important investigations and instructive and valuable medical work. The Institute is becoming annually more and more a grand school for practical instruction and research, and less and less an arena for verbal contests over minor technicalities and points of difference in the views of individual members.

Much can be learned now every year, if close attention be given to the papers and debates thereon, and I am not certain but that the time will soon come when a semi-annual session for Bureau work alone will be the order of the day, especially if the plan of utilizing as much of the talent of the Institute as possible ever comes into vogue—that is, by putting more of the members of the Institute on the Bureaus, and never, in any event, letting a member be upon more than one Bureau or committee chairmanship. Twelve Bureaus, with nine separate members on each, would fully interest one hundred and eight members in true earnest literary work, while the officers and the standing committee membership would claim the interest and attention of about one hundred more, if the latter were fully equipped with a larger force. The society should keep just as many of its members at work as it can, and not let a few only do the work, and receive all the appointments, as I offered among my suggestions at the Niagara Falls meeting. The hotel will hold six hundred. So, come one and all, with your ladies, next year, and let us have a better and a larger meeting than ever before.

Very truly and fraternally, yours,
BUSHROD W. JAMES.

OVIARTOMY STATISTICS.

BY B. F. BETTS, M.D.

(Read before the Hahnemann Club of Philadelphia.)

At the meeting of the British Medical Association in 1882, Mr. Lawson Tait reported 100 consecutive cases of ovariectomy performed during the last fourteen months, in which he had not used any kind of antiseptic measure. The results are most gratifying, for only three patients died, one from choking during vomiting, and two from venous thrombosis. Six were pregnant, and all got well; one, in addition, had acute peritonitis, and got well; one miscarried, and the rest (5) were delivered at term.

In two cases the tumor was a solid fibroma; both recovered. Mr. Tait disapproves very much of previous tapping of ovarian cysts, as it increases the mortality after operation. This, it may be said, is the opinion of most ovariectomists at the present time. Mr. Tait approves of operating in hospitals, where patients are subjected to hospital discipline and hygiene.

Dr. Keith has had a run of 55 cases of ovariectomy with only one death, all performed in the absence of Listerism.—*Medical Record*.

Schroeder (Berlin) has had 300 ovariectomies in six years; mortality 17 in first hundred, 18 in second, and 7 in third. He is of the opinion that the operation should be refused if the examination shows positively that the tumor is malignant. Advanced tuberculosis, and Bright's disease are the only diseases contraindicating an operation.

Dr. Penizzi is the authority for the following statistics of Italian ovariectomies published in the *Medical Record*, New York, Sept. 30th, 1882.

Nineteen years elapsed after the first ovariectomy until the hundredth case was recorded. The second hundred was completed in two and a half years, and the third in twenty-three months.

Mortality in the first hundred, 63; in the second hundred, 36; in the third hundred, 26.

The causes of death in the last hundred, were, peritonitis, 10; shock, 6; septicaemia, 5; cardiac thrombosis, 3; hæmorrhage, 1; intestinal occlusion, 1.

Professor Godell reports 34 operations and seven deaths. He operates on all benign growths, no matter how unpromising they may appear. He prefers to operate under the spray,

and is opposed to previous tapping on account of subsequent likelihood of hæmorrhage, inflammation of the cyst, or of the peritoneum, the formation of adhesions, and another difficulty, not so well known, and that is, the tendency to increase the solidity of the tumor.

Since ovarian tumors have been removed by surgical means, twenty-two children have been operated upon. The youngest of these was two years old, 2 were three years and a half, 1 four, 2 six and a half, and 1 seven and a half years old.

Dr. Semeleder, of the city of Mexico, reports 20 cases of ovarian cysts treated by electrolysis. In a few cases a cure seems to have been made. In most cases the tumors decreased in size very much. Many relinquished treatment without being cured. *Vide American Journal of Obstetrics.*

THE IRON DYED BLACK SILK.

BY J. E. JAMES, M.D., PHILADELPHIA, PA.

IN the search that has been going on for a long time after a substance to be used in making ligatures and sutures, that would combine cheapness, ease in application, freedom from irritation, and, at the same time, retain a knot securely, many substances have been brought into use. Each has some general or special merit. We have not yet arrived at perfection, but, perhaps, no maker has so nearly succeeded as Mr. William Snowden, of this city, in the manufacture of his iron-dyed silk, which was introduced by Professor W. H. Pancoast. All white silks are prepared in lead, and that, doubtless, is the reason of the frequent early suppuration in the course of the suture.

This silk has now been in use for a sufficient time to warrant the opinions entertained in regard to it. In my own use of it for a long time, I can confirm about all that is claimed for it, viz.: It is less irritating than any other silk ligature; it is more readily seen among the discharges of the wound, when it is decided to remove it; it is strong and reliable, and will hold its knot securely.

It is put up in numbers, varying from 1, the smallest, to 14, the strongest and thickest cord needed. Mr. Snowden has prepared for our use a card having a sample of each number, for convenience of ordering any size of silk needed.

The silk is wound upon a flat card, which will be found exceedingly convenient for carrying.

1883.]

THE
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MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


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BUSHROD W. JAMES, M.D.

Vol. V.

Philadelphia, Pa., December, 1883.

No. 12.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

POTENCIES.—Recently we had the pleasure of reviewing the neat little brochure of Dr. C. Wesselhoef's, entitled *The Law of Similars: Its Dosage, etc.* And we took occasion to commend the clear and lucid manner in which the doctor expounds the homœopathic law of cure.

In considering Part II., however, which treats of the dose and of attenuations, we took issue with Dr. Wesselhoef and with all his following.

We are weary of the denunciations of Hahnemann, made by his own disciples. We are tired of hearing his latter days of ripeness and wide experience called, as they are by some of our ablest writers, days of dotage; and we are equally averse to the illogical reasoning that would teach us to reject Hahnemann's recommendation of the 30th potency and substitute therefor the 6th or 12th, because the latter alone present evidence of the presence of matter.

We are informed that because there is an apparent antagonism between the dynamic theories and that of molecular activity, "the upholders of excessive dilution will have to prove that the teaching of modern physicists is wrong."

Now there are several cogent objections to the words we have quoted. In the first place, high dilutionists maintain that their practice is genuine, because cures are repeatedly wrought by them; their confidence in attenuated remedies is based upon clinical tests, and no one can consistently oppose to their experience, mere theories—at least not until such experience is shown to be fallacious.

And, again, it is as likely that the teaching of modern physicists is wrong as it is that the experience of such men as Hahnemann, Hering, Dunham, Bönninghausen, and William Wesselhoeft, is wholly fallacious.

Wurm and Caspar demonstrated practically that in pneumonia the 30th decimal was more certain and rapid than the 15th, and the latter than the 6th. Watzke declared, "I am, alas! (I say alas! for I would much rather have upheld the larger doses which accord with current views), I am compelled to declare myself for the higher dilutions."

Dr. M. Macfarlan, of Philadelphia, has repeatedly produced and repeatedly cured symptoms with high potencies that low preparations and crude drugs could neither cause nor remove.

"My own experience," says Hughes, "of the 6th and 12th and (with some remedies) of the 30th, is such as to make me join with unquestioning acclamation in their praise. I have no practical knowledge of the 200ths; but if I had no other fact before me than their constant use by so scientific and successful a physician as Carroll Dunham, I should be content to acknowledge their legitimacy." And this Dr. Hughes is willing to say, though he fears that "reason has nothing to say in our favor," and he adds, like Watzke: "Much as I regret the necessity of employing the higher infinitesimals, I cannot but acknowledge it. The testimony in their favor is overwhelming." And yet all this overwhelming testimony Dr. Wesselhoeft would have us disregard, or at least discard, in favor of a standard centesimal 6th to 12th.

But the doctor may claim (and here we presume Dr. Hughes would support him) that occasional cures may be made with the 200ths, because they possibly contain a few stray molecules. And "the existence and the energy of the infinitely little have been substantiated, and no one is now warranted in rejecting effects because their supposed causes are inappreciable by coarse sensation" (Hughes).

But just here we interpose a third objection; we object to the founding of a rule upon mere hypothesis. It has never been proved that there are such entities as atoms. Neither has

it been proved that the medicinal power of drugs lies in the so-called molecules. It has been asserted that high-dilutionists must prove modern physics to be erroneous; we now reverse the charge: modern low-dilutionists, before they can subvert the experience of those who use the high, must prove that there is no other form of active matter than the so-called molecule.

We are not among the number who claim that only high potencies act: we use all grades. Neither are we one of those who think that the "spirit" of the drug, or that its "force" is transferred to the potentizing medium. But we *are* one of those who desire to see the question of attenuations scientifically and logically elucidated, and this requires facts, not hypotheses.

F.

AN OPEN DOOR.—Observation, thought, and the formation of opinions are unavoidable phenomena connected with sentience and intellectuality. It is held by some that in conditions of health the cerebral functions are incessantly carried on, even during sleep; at all events it is as difficult to conceive of a healthy intellect without thought as of a healthy respiratory apparatus without breathing. Facts force themselves upon man's recognition and memory whether he will or no, and the active, educated brain classifies and arranges them, and appreciates their relation one to another almost without volition, possibly to some extent in spite of volition. Hence it is that man "searches the scriptures" of nature, in obedience to a physiological mandate, whose impulses he cannot resist, and the exercise of judgment and the formation of opinions are seen to constitute not only a moral obligation, but a physiological necessity of his nature.

Through sacrifice and slaughter, through fire and blood, the world has slowly, painfully struggled up from ignorance, intolerance, despotism and hate, toward light, and love, and liberty. Yet, to say that all the old barbarism has died out of even our more enlightened peoples is to ignore the ever-present tendency to force opinions upon unwilling subjects. Even yet, mind-liberty and soul-liberty must be purchased and paid for, not once, but often, and the battles that were won yesterday must be fought over again to-morrow.

The resistance made by civilization against the intolerant and despotic spirit of earlier ages was aroused almost exclusively by the consciousness of individual responsibility. Men refused to surrender their convictions, and insisted upon the exercise of their opinions, knowing themselves to be accountable not to their fellows only, but to a higher government

than that of man. Doubtless this sense of responsibility still contributes largely to the growth of the determined spirit of human freedom; but it is not the only, perhaps not the chief, factor in its present energy. As intelligence has increased and knowledge become almost universal, men have adopted a *habit* of making their own opinions instead of procuring them from some self-constituted creed-maker, some self-appointed conscience-keeper. The human mind, having accumulated a vast store of facts and ideas, reasons and judges in reference to them, shapes opinions from them, simply because it cannot help it. "Behold, I have set before you an open door, and no man can shut it!" is as true of worldly knowledge as it is of faith.

It is no wonder, then, that the intolerance and the intolerants of this age are having such a discouraging time of it. They are setting themselves not only against a high moral requirement, but also against a resistless physiological necessity of our human intellectual nature. It may be possible to dam back, for a time, the stream of human thought so far as its expression is concerned, but the world is now so far advanced in knowledge, and the means for its further progress are so potent, that speedily it must gather strength sufficient to sweep away the strongest barriers that men can raise against it.

It is wonderful that the spirit of intolerance is to-day so strikingly manifest among that class of people who ought to know, and who *do* know, even more than their fellows, the physiological absurdity of their attitude and the futility of their endeavors. The most intense and malignant, the most senseless and stupid attempts to fetter thought and to shackle opinion that our present civilization has to oppose, is displayed not by religious devotees, not by superstitious fanatics, but by one of the learned professions, or rather by a sect or faction of that profession. Stranger still, this profession is the one which, more than any of the others, is every day and every hour forced to a startling recognition of its own fallibility.

These remarks are offered not so much to reflect upon a sister medical sect, as to furnish suggestions to our own. It is sometimes proposed that our own branch of the profession, even after the lessons we have learned through the follies of our opponents, shall lend itself and its power to the same unwise course. Questions of scientific import are thus to be decided by ballot, and we are asked to indorse the proposition that, on such questions, the majority is right and

the minority wrong. If *we* may decide questions thus, why censure the American Medical Association for trying to do the same thing? No; scientific questions are open questions, and if the world of thought is to make substantial progress, they must always remain so.

THANKS.—In closing this volume of the HAHNEMANNIAN we desire to express our warmest thanks to the physicians who have done so much to render its pages interesting and valuable. We print their names as usual at the close of the volume, and wish that each one may accept our public expression of obligation as for himself or herself personally. To our subscribers, who have enabled us to continue our work, we are also under obligations. We hope that every subscriber and every contributor will give us occasion to renew this expression one year hence.

Notes and Comments.

HEROIC WARRIORS.—The Salvation Army.

WOMEN DRUGGISTS.—Several ladies are studying pharmacy in the South London College of Chemistry.

THE SURGEON-GENERALSHIP.—The vacancy in the surgeon-general's office, occasioned by the death of Dr. Crane, after less than one year of service, has caused a struggle among the friends of Drs. Murray, Baxter, and Billings to secure the appointment. All of them stand high in professional and public esteem; but if all of them are ready to adopt the proscriptive policy of their predecessors, they are all unworthy of the responsibilities and honors of the office.

DR. TANNER'S CASE, as mentioned in our "News" pages, shows that the allopaths have acquired sufficient legal power to prevent any more eclectic physicians from establishing themselves in New York State. And it shows just what they *will* do with homœopathsists, if the Erie Medical Bill or any similar scheme is allowed to pass the legislature. In their relations to homœopathsists as consultants, they openly declare their purpose to take improper advantage, and to steal patients if possible. Dishonorable in this, they cannot be honorable in that. The only wise injunction is, "Don't trust them."

WOMEN ALLOPATHISTS SNUBBED AGAIN.—At a recent meeting of the Philadelphia County Allopathic Society, three reputable lady physicians applied for membership and were rejected by a vote of 95 to 70, notwithstanding they were eligible under the constitution. The society is evidently too cowardly either to come into competition with women in practice or to brave the public ridicule of an open-handed *constitutional* rejection of women's claims. These members are living "in advance of their time." They ought to have died of old age about the time Martin Luther was born. Then the world would have had a double cause of jubilation.

PRACTICALLY SETTLED.—The prominent medical journals of New York city seem to consider the Code question practically at an end, so far as the metropolis is concerned, and probably also as it affects the State Society. The very decided vote in the New York County Society renders any future attempt at reconsideration a very unlikely matter. Now the American Medical Association can put the question in its pipe and smoke it at leisure. Sooner or later she too must take up the question and decide it in the same way. The only way for the American Medical Association to escape from its dilemma is to pass a resolution rescinding the anti-consultation section of its Code, and follow it up by another resolution denying the right of any medical society to interfere with its members in the exercise of their professional duties. This will place the association far in advance of the New York Society, and compel the latter body to rescind its new code. We commend the suggestion to the American Medical Association, and shall expect to see it adopted some day, perhaps out of pure regard for its origin.

"A HIGH MORAL TONE," AND HOW IT WAS BROUGHT DOWN.—The London *Lancet* is thus effectively "cornered" by the (allopathic) *Druggist and Chemist*. The *Lancet* makes a note in quite unnecessary uncivil language on the offer which we recently reported to have been made by Major Vaughan Morgan, the treasurer of the London Homœopathic Hospital, to contribute £5000 to St. George's Hospital, if the managers would therewith make a fair test of homœopathy in its wards. The *Lancet* finds that proposal "unintentionally disrespectful in the highest degree to the medical profession. It assumes that there is something—in fact, a whole region of therapeutics—neglected by responsible and educated physicians and surgeons." *It unquestionably does make that assumption*, and Major Morgan, in a polite reply, points out what that something is which is neglected. He finds thousands of qualified men in the world, practicing the system and believing in it, and he claims that its principles have to a great extent permeated medical practice and literature. All he asks is, that, if this be a delusion, it should be proved to be such by a fair test, and he offers the means for such an experiment.

New Publications.

A MANUAL OF PRACTICAL HYGIENE. By Edmund A. Parkes, M.D. Edited by F. S. B. François De Chaumont, M.D. Sixth edition, with an Appendix by F. N. Owen. Vol. I. Wood's Library for 1883.

This volume comprises eight chapters, treating respectively of water, air, ventilation, food, and the condition of the soil. The subject-matter is illustrated by sixty-eight wood-cuts, and seven plates.

We will consider the book more in detail when we examine, also, Volume II.

LECTURES ON FEVERS. By John R. Kippax, M.D. Published by Gross & Delbridge, Chicago, 1883.

The interesting book before us is a well-digested course of lectures delivered by Dr. Kippax at the Chicago Homœopathic Medical College, to the class of 1882, '83. It is certainly an excellent book for reference, whether one desires to read up on fevers, to diagnose one form from another, or to find the usual remedies employed,—yes, and unusual remedies, too. No physician should do without it.

F.

A PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY. By John C. Draper, M.D., LL.D. New York, William Wood & Co., 1882.

The above is designed as a guide to medical students and practitioners in the practical manipulations of medical chemistry, and an aid in the use of the tests required by the progressive physician in his practice. It furnishes a very complete laboratory course, giving all needed instruction in reference to details. The alternate pages are left blank for notes and memoranda.

D.

THE DISEASES OF THE LIVER, With and Without Jaundice; with the special application of Physiological Chemistry to their Diagnosis and Treatment. By George Harley, M.D., F.R.S., etc. Illustrated by colored plates and wood engravings. Philadelphia, P. Blakiston, Son & Co., 1912 Walnut Street, 1883. Octavo, pp. 751.

This interesting and valuable work is issued by the American publishers simultaneously with its publication in England, by a special arrangement with its author. It is not exactly a revised edition, but rather a *successor* to Dr. Harley's Monograph on Jaundice and Diseases of the Liver, issued in 1863, and includes the entire substance of that work. The best way to give our readers an idea of the work in our brief space, is by reference to the plan or system adopted by its author.

The introductory chapter presents a view of the relations and applications of physiological chemistry to the detection and treatment of hepatic derangements and diseases, so far as it can well be made the subject of *general* discussion. As of close connection with this part of the subject, the "chemistry, physics, and physiology" of the liver follows, but in a separate chapter. Next comes the etiology of jaundice, a subject of interest always to the medical philosopher, where our author lays down his views in his own peculiar and forcible language. Then follow, in numerous chapters, the various functional and structural diseases of the organ, their causes, pathology, symptoms, differential diagnosis, and (of course, allopathic) treatment. Throughout all these chapters, the reagents of the laboratory and the microscope are summoned to assist the diagnostician, and the utmost care in the general and minute examination of structures and excretions is enjoined, and reasons for it given and illustrated from the author's experience. We cannot but recommend the work, spite of the, to us, unscientific nature of the medical treatment suggested.

D.

Gleanings.

TABLETS FOR MAKING FEHLING'S SOLUTION.—At a recent meeting of the Philadelphia Medical Club, Dr. Oliver S. Haines called attention to the "compressed tablets for preparing Fehling's solution of Potassio-cupric tartrate," as made by Wyeth & Brother, druggists of this city. Fehling's fluid forms a very convenient and delicate test for diabetic sugar in the urine, but has the disadvantage that it does not keep well, and therefore must be

freshly prepared. In 1880, Dr. Pavy, of London, suggested the cupric test-pellets, containing the elements of Fehling's fluid in solid form. These were not a success, as they too became unfit for use in a comparatively short time. Messrs. Wyeth & Brother compress the Potassii tartras and the Cupri sulphas in separate tablets, which keep indefinitely. These, together with a bottle of caustic Soda, are inclosed in a neat box. To prepare a fresh Fehling's solution, 2 minims of the caustic Soda solution are diluted with 12 minims of water in a test-tube. In this, one of each of the tablets is dissolved. This solution may now be used in the same manner as that ordinarily employed. It may also be used for estimating the quantity of sugar present in a given specimen of urine. "Dilute 16 minims of the test solution with one fluid-drachm of distilled water, and in another vessel dilute 16 minims of urine with enough water to measure 160 minims. Boil the test solution and add the diluted urine until the blue color is completely discharged. The quantity of diluted urine divided by 10, represents pure urine containing $\frac{1}{10}$ grain of sugar."

THE MORBID ANATOMY OF IODOFORM POISONING.—Dr. A. Hoepff (*Allgem. Med. Centr. Zeitung*) found, post-mortem, in four cases of death from iodoform poisoning, a condition of fatty degeneration of the heart, liver, and kidneys. The process was only beginning in some, but far advanced in others. The author then instituted a series of experiments upon rats, guinea pigs, and rabbits, administering to them subcutaneous injections of iodoform in oily solution. In every case he found parenchymatous inflammation of the heart, liver, and kidneys.—*New York Medical Record*.

TREATMENT OF CORNEAL OPACITIES.—Dr. Michel (*Revue Medicale*) recommends Sulphate of cadmium of the strength of two and one-half grains to the ounce of mucilage as an application to opacities of the cornea. A camel's hair brush, dipped in this wash, is applied to the spot and retained in contact with it for a few seconds. At first the application is made once a day, but after awhile is repeated two or three times in the twenty-four hours. When the pain grows less the strength of the solution may be increased to five grains or even seven grains to the ounce. When the opacity is of recent formation it disappears rapidly under this treatment, but when it is of old date the applications must be long continued.—*New York Medical Record*.

THE ABUSE OF ERGOT.—Dr. George J. Engelman considers the use of Ergot unnecessary in pregnant women. The only condition in which it would be of service is in post-partum hæmorrhage, and then no one would employ it, as it is so slow and much better means are at hand. He would limit its use to the non-pregnant womb. If it is allowable in any stage of labor it is in the third stage, and even there it might do harm by causing incarceration of the placenta. The accidents which may result from the use of Ergot in labor are rupture of the uterus, laceration of the cervix, laceration of the perineum, and other injuries to the utero-vaginal tract, and injuries to the child. It should not be used in abortion. Dr. Engelman had seen two deaths result from the use of Ergot.—*Medical News*.

STRICTURE OF THE INFANTILE URETHRA.—In all cases the inner layer of the prepuce is adherent at birth to the glans penis. The organ thus has an inelastic cap. In some cases the frænum is too short. While the penis is pendent, all is comfortable. The urine in the bladder may induce erections, which are, to a certain extent, prevented by the inelastic cap covering the glans. Should the frænum draw the organ downward, comfortable urination cannot take place, for there is a stricture. The bad effects of this condition are unnatural efforts to urinate, palsy of the legs, hernia, convulsions, fretting, and restlessness at night, etc. Now for the remedy. Have the

child firmly held, so that it cannot flex the thighs. Grasp the penis with the left forefinger and thumb and an oiled probe in the right hand. Push back the prepuce and sweep off the adherent layer from the glans. Carry the foreskin behind the corona. With oil, clear off the smegma. Oil freely and bring the foreskin into the natural position.—*Boston Medical and Surgical Journal*.

TREATMENT OF FISTULA IN ANO.—Dr. Poingt (*Le Courier Medical*) claims that any fistula amenable to treatment by the elastic ligature may be cured by simple drainage of the fistulous tract. The drainage-tube is inserted by means of a stylet passed up the tract from the external opening. At the end of two or three weeks the drainage-tube falls out, after having destroyed the superficial walls of the fistula. A granulating surface of small extent is left, which rapidly heals by cicatrization. The procedure is wholly painless, and the patient may pursue his ordinary avocations during the whole course of the treatment. The operation is never followed by any of those serious complications sometimes seen after the cutting operation.—*Medical Record*.

SCIATIC BLENNORRHAGIA.—A. Brissou (*Th. de Paris*) says that in the course of blennorrhagia among men or women there may develop a sciatic neuralgia, which is, in the majority of cases, attributed to other causes than the blennorrhagia itself. The same is true of arthritis, hydrarthrosis, ophthalmia, and the other manifestations of blennorrhagic rheumatism; the urethral discharge alone is capable of producing them. This relation is demonstrated by (1.) Sciatica and blennorrhagia coexist too often in the same individual for this association to be referred to the hazard of chance. (2.) Sciatica figures most commonly among the number of accidents due to urethral rheumatism. (3.) It is observed to be redeveloped in successive attacks of urethral rheumatism. (4.) In a series of rheumatisms of this order it alternates at times with manifestations of the same nature, but of a different location. (5.) It disappears by anti-blennorrhagic treatment. (6.) It appears in blennorrhagic patients with a group of symptoms which, in certain respects, differ from those of ordinary sciatica.—*Journal of Cutaneous and Venereal Diseases*, October.

ON CERTAIN ABSCESES OF THE NECK WHICH MAY CAUSE SUDDEN DEATH, AND HOW TO TREAT THEM WITH SUCCESS.—Many years ago Dr. Lidell met with a case of what was apparently a small circumscribed abscess beneath the left sterno-cleido-mastoid muscle, in which sudden death followed. This case made a lasting impression on him, and since then he has met with others, the study of which forms the basis of the present paper. In some cases the cause of death is asphyxia, brought about by œdema of the glottis or by extension of the inflammation to the upper part of the trachea and the epiglottis. Tracheotomy is an uncertain expedient in these cases, because the larynx and upper part of the trachea may be so completely surrounded by the abscess cavity that the operation could only be performed with great difficulty. Even after the trachea is opened by incision, the matter from the huge abscess would suffocate the patient by flowing downward into that tube. Deepseated abscesses of the neck may burrow widely, and thus produce death. When left alone they do not show any tendency toward spontaneous cure, but always tend to destroy life. The pus, in burrowing, may find its way into the œsophagus, the pleural cavities, the anterior mediastinum, or along the trachea to the root of the lung. The earlier all deepseated abscesses are opened the better for both patient and surgeon. Besides incision, these abscesses demand the employment of Chassaignac's drainage-tubes and antiseptic dressings. Retropharyngeal abscesses may occasion sudden death. The symptoms denoting their presence are dysphagia, a swelling containing purulent matter projecting into the pharynx, and

inability to turn the head. Death may result in these cases from asphyxia, the result of extension of the inflammation to the larynx, from starvation, and from hæmorrhage, which occasionally supervenes as a result of erosion of important bloodvessels in the abscess cavity. Retropharyngeal abscess may result from disease of the cervical vertebræ on one hand and connective tissue inflammation on the other. In order to treat this grave disorder successfully it is necessary that the diagnosis should be made at an early date, so that the pus shall be discharged by a suitable puncture. Chlorinated gargles and a strongly supporting plan of treatment should be employed. The hæmorrhage in these cases of retropharyngeal abscess is due to a softening of the coats of the bloodvessels by a peculiar species of inflammatory ramollissement. It does not result from the hæmorrhagic diathesis or constitutional predisposition, but from the depraved character of the preceding inflammation. It is more than probable that in those cases where the opening of tonsillar abscesses has been attended by dangerous hæmorrhage the loss of blood has been due to an erosion of the tunics of the bloodvessels, and not by any wound of these tunics effected by the knife. It seems that abscesses in the neck are more frequently attended with hæmorrhages due to ulceration and erosion of important bloodvessels than in any other surgical region. This liability to hæmorrhage arises from the number and importance of the cervical bloodvessels, from the inanition and exhaustion resulting from most of the deep abscesses in the neck, or rather from the inability to swallow enough food to support life. In treating these hæmorrhages the abscess cavity should be freely laid open and the coagula turned out, the source of hæmorrhage brought distinctly into view, and the delinquent vessel should be ligatured on each side of the aperture in its walls. Should the walls be too soft to retain the ligature, the actual cautery must be applied to the bleeding point. The styptic Salts of iron should never be employed in these cases. In case the abscess cannot be laid open and the source of hæmorrhage exposed, then the primitive carotid artery should be firmly pressed against the cervical vertebræ by the surgeon's thumb and fingers applied on the anterior part of the corresponding side of the neck between the larynx or trachea and the inner border of the sternocleidomastoid muscle, with force enough to press the artery backward and inward against the vertebræ and flattening it thereon. Should this fail, it will be necessary to ligature the common carotid artery.—*American Journal of the Medical Sciences*, October, 1883.

THE USE OF WATER IN THE DIETARY OF YOUNG CHILDREN.—Dr. Charles Remsen calls attention to the ignorance among the laity in regard to the amount of water required by children. The taking of an insufficient quantity of water gives rise to indigestion, colic, diarrhœa, fever, restlessness, etc., all of which frequently disappear on the child receiving the much-needed drink. If more care were directed toward giving children a proper amount of water and restricting their hours of nursing and feeding, the mortality due to hot weather would decrease and less would be heard about the troubles of teething.—*New York Medical Journal*.

URINARY CASTS OUTSIDE OF BRIGHT'S DISEASE.—The *Lyon Medical* contains a report of two fatal cases of pneumonia in which casts were found in the urine and in which an autopsy supplemented by microscopical examination confirmed the entire absence of any lesion of the kidneys. Albuminuria was present in both cases. Other cases are cited where no autopsy was had on account of the recovery of the patients, but where the author believes, from the subsequent history, that no renal lesion existed.—*Medical Gazette*.

A NEW THEORY OF ALBUMINURIA.—Semmola regards Bright's disease as not essentially renal, but as consisting in a general morbid alteration of nutrition, and observes that albumen in such cases is not passed by the urine

only, but by all the secretory organs. This alteration deprives the albuminoid materials of the blood of their power of being assimilated, and so causes their secretion by the emunctories. The renal lesions he ascribes to mechanical irritation of the tubules of the kidney by the constant passage of albumen through them. Albuminuria is, therefore, a cause, not a result, of renal disease.—*Medical Gazette*.

EXPERIENCE WITH NEW REMEDIES.—Dr. C. W. Breyfogle gives the following experience regarding new remedies. The *Pyrophosphate of iron 3x* he suggests for those pale, anemic children who seem to be fit subjects for Baryta carb., Cod-liver-oil, or the grave, with that forlorn condition of digestion and assimilation which puts us to our wits' ends to find the proper food. *Crysophanic acid 3* cured an eczema covering both legs below the knees, and being wellnigh unbearable on account of its itching, while the discharge therefrom was profuse and offensive. *Eriodyction cal.* is analogous to *Ipecac.* in coughs, expectorations, and asthma, but lacks the nausea of *Ipecac.*, but answers to symptoms otherwise. *Robinia pseud.* is a splendid remedy for acidity of the stomach.—*California Homoeopathist*.

NON-PUERPERAL PELVIC LYMPHADENITIS AND LYMPHANGITIS.—Under the above title Dr. Paul F. Munde describes a disease which he believes has not yet received the attention which its importance merits. He believes that an inflammation of the pelvic lymphatic glands and vessels occurs in the non-puerperal state far more frequently than is generally supposed, and that such inflammation generally becomes chronic and very closely simulates so-called "chronic pelvic peritonitis and cellulitis" both in its symptoms and physical properties. This inflammation may either depend on and be secondary to uterine disease, or be entirely confined to the lymphatics and be apparently idiopathic. Munde had frequently met with cases in which vaginal touch revealed an exceedingly tender, hot, and puffy parametrium without any distinct plastic effusion or general elevation of temperature. The uterus was movable, but moving it gave pain; the ovaries were apparently somewhat swollen and tender, and the uterus itself was generally hyperplastic. This condition he now believes to be due to a gorged state of the more or less inflamed lymphatic ducts which so closely envelop the uterus. Six cases of unmistakable adenitis and lymphangitis are then reported, in all of which the disease was situated behind and slightly to the side of the uterus. Where the glands are inflamed a number of small indurations, sensitive to the touch and slightly movable, are met with. Their size varies from that of a pea to that of a filbert. The diagnosis of peri-uterine lymphadenitis is made on the size, shape, tenderness, mobility, and number of the nodules; on their relations to the uterus (not being directly connected with it, but still not entirely independent of it); on the existence of a uterine condition which might readily produce inflammation or enlargement of the adjacent glands; and the mobility of the uterus. This disease might be confounded with plastic exudations resulting from pelvic cellulitis, subperitoneal or pediculated fibroids, and prolapsed ovaries. The symptoms of peri-uterine adenitis consist in a deep-seated pain in the pelvis, localized and limited more to one side than the other, generally the right, toward the back, near the sacrum, or rather the coccyx. This pain radiates to the rectum and anus, is excited or increased by sitting down or standing up, by coition, and by the pressure of the speculum; further, this pain is unattended by the reflex symptoms (dyspepsia, anorexia, nausea, etc.) so commonly attending utero-ovarian disease. But the pain radiates towards the pubes and the obturator foramen, the sciatic notch and nerve. The treatment of this affection resembles that of chronic pelvic inflammation, with one exception,—the primary necessity for the removal of the focus of irritation, if such exist, before the lymphatic inflammation can be permanently relieved.—*American Journal of Obstetrics*.

THE INDICATIONS FOR HYSTERECTOMY.—Dr. Polk says that in the common form of uterine carcinoma Freund's operation is contraindicated, for the disease, if local, can be eradicated by the amputation of the cervix, whereas, if glandular infection has occurred, a cure is impossible, palliative measures being then all that are justifiable. From this category Freund's operation must be excluded, as it is less useful and far more dangerous than a combination of the many now in vogue. In primary cancer of the body of the uterus it is justifiable, provided the diagnosis be made before glandular infection has occurred; but this is a difficult, and, in some instances, an impossible question to determine, and that, too, in a rare disease. In sarcoma of the uterus it is fully justified, and the conditions calling for it can be determined with reasonable certainty, yet the disease is far from common. Consequently the field open to the operation is very narrow.—*American Journal of Obstetrics*.

THE THERAPEUTIC DRINKING OF HOT WATER.—Dr. Ephraim Cutter (*Gould's Monthly*) gives the following instructions regarding the use of hot water as a therapeutic measure. The water must be hot (110° to 150° F.), not cold or lukewarm. Sufficient water should be taken to keep the urine at the normal specific gravity (1015 to 1020). The quantity of hot water varies usually from one-half to one pint or one and a half pints at one time drinking. It may be taken at any time between two hours after a meal and one hour before the next meal. In drinking the hot water it should be sipped, and not drunk so fast as to distend the stomach and make it feel uncomfortable. As it promotes health, the procedure can be practiced by well people throughout life. Not more than eight ounces should be drunk at a meal. This is in order to not unduly dilute the gastric juice or wash it out prematurely. The effects of drinking the hot water as indicated are the improved feelings of the patient. The author believes that the therapeutic drinking of hot water is the foundation for all treatment of chronic diseases.—*American Homœopathist*, October, 1883.

A METHOD OF RESECTING THE SECOND BRANCH OF THE FIFTH NERVE IN THE SPHENO-MAXILLARY FOSSA, USING THE SURGICAL ENGINE.—Expose the anterior boundary of the antrum by means of a trap cut in the cheek, which trap opens towards the eye, and is to hold the branchlets of the infra-orbital nerve, which branchlets are to be dissected in bulk from the flap, and caught in the grasp of a spring forceps. A succeeding step treats the hæmorrhage. Take Phenol sodique, pour it undiluted into the wound, and employ a temporary sponge compress. To remove the antral wall, a bur in the grasp of the handpiece of an engine is used. In this manipulation care is demanded that the nerve be not cut. Then in the same manner remove the floor of the infra-orbital canal. With forceps pull the nerve out of its bed into the antrum. The nerve being clearly in sight, it is followed by the bur into the orbital cavity in like manner as it was exposed in the canal. The floor of the orbit being removed, the increased length of nerve secured is pulled into the sinus as before. Following is the introduction into sphenomaxillary fossa through removal of posterior wall of antrum. The seat of operation being of deep situation, great caution is adopted to avoid losing control of the nerve through its premature cutting by the teeth of the revolving tool. Having the nerve all clear as far back as the foramen rotundum and possessing absolute control of it through means of the forceps, a concluding step takes an instrument of hook shape, fenestrated at its extreme end, and slipping this about the nerve, it is pushed back, isolating the nerve, until it reaches the base of the skull. Here a pair of most delicate scissors, curved in the blade, are taken up, and, following with these the hook, the nerve is severed and withdrawn. An operator not possessed of the proper scissors may use a curved tenotome.—*American Anatomist and Surgeon*, October.

News, Etc.

DR. F. H. ORME has almost recovered from the effects of his accident.

PROFESSOR I. T. TALBOT, M.D., of the Boston University, has been seriously ill with septicæmia, but, we are glad to learn, is recovering his health.

REMOVALS.—Dr. Clarence Bartlett, of Philadelphia, to the northwest corner of Fifteenth and Poplar streets.

Dr. S. J. Donaldson, of New York city, to No. 23 West 42d street.

STILL ANOTHER NEW JOURNAL, called simply *Hahnemann*, is being issued in monthly numbers, by B. K. Datta, No. 312 Chitpore Road, Bata-tala, Calcutta. It is printed in Bengalee, and is, of course, intended for home circulation.

THE NEW YORK OPHTHALMIC HOSPITAL reports, for the month ending October 31st, 1883: Number of prescriptions, 4198; number of new patients, 746; number of patients resident in the hospital, 18; average daily attendance, 162; largest daily attendance, 216; Charles Deady, M.D., resident surgeon.

THE DEATH OF DR. J. MARION SIMS occurred suddenly at his residence in New York, on Tuesday morning, November 13th. He was seventy years of age. An autopsy showed the immediate cause of death to have been a degeneration of the muscular fibres of the coronary artery, with sudden obstruction of the circulation.

A SUCCESSFUL NEPHRECTOMY.—On November 6th, in the presence of the class of Hahnemann College, Professor John E. James removed the left kidney from a patient brought to his clinic from the country. The after-treatment has progressed favorably, and the patient is well advanced toward complete recovery. We have asked Professor James to furnish our readers a detailed report of the case, and hope to publish it in our January number.

PROFESSOR ALLEN'S LIBRARY LECTURE.—Prof. T. F. Allen's lecture on "The Attitude of Homœopathy toward Science," delivered before the Philadelphia Homœopathic Library Association, November 22d, was a suggestive and masterly exposition of the chief obstacles in the way of a general acceptance of Homœopathy as a demonstrated fact and principle of science. Those whose views of Homœopathic principles and practice are more or less at variance with Dr. Allen's, enjoyed the lecture as much as the other physicians present, and all testified their appreciation by a hearty vote of thanks to the lecturer.

A CONTROVERSY ON HOMŒOPATHY is being waged in the pages of Wilford's *Microcosm*, in which the right side is being boldly and effectively sustained by our friend, A. P. Bowie, M.D., of Uniontown, Pa. The discussion originated last February, in an article whose author used the "law of similars" in illustration of some point he was making upon the subject of Redemption. A Dr. Stuart, evidently an allopathic physician, denounced this as being "in bad taste," because so many "regulars" read the *Microcosm*. Had the subject of Bible revision and retranslation been committed to such people as Dr. Stuart, such passages as II. Corinthians, v., 21, and the narrative of the brazen serpent would have been expunged as "out of taste," lest, peradventure, some "regular" physician might some day take a notion to read his Bible.

TRAINING SCHOOL FOR NURSES.—Under the auspices of the Board of Directors of the Children's Homœopathic Hospital of Philadelphia, a training school for nurses has been established in connection with the hospital service. The school-term opened the first week in November, and a class of several ladies has been formed. Lectures are delivered as follows: By Dr. Aug. Korndorfer, on the duties of the nurse, her relation to the patient, the family, and the physician, and the management of infants and children. By Dr. Bushrod W. James, on surgical and medical nursing, dietetics, and sanitary care of the patient. By Dr. Clarence Bartlett, on anatomy, physiology, and general hygiene. By Dr. J. P. Iliff, on the practical application of bandages, dressings, etc. And by Mrs. Frazer, the matron, upon the preparation of food for the sick. The school gives most encouraging promise of success and usefulness.

ARREST OF DR. TANNER.—Dr. H. S. Tanner, the celebrated faster, was recently arrested in Jamestown, N. Y., on the charge of practicing without being duly registered. The doctor holds a diploma from the Eclectic Medical Institute, indorsed by the United States Medical College (Eclectic) of New York city. This latter institution, it will be remembered, was recently declared by the court to be not legally chartered, the law under which it existed having been intended to embrace "scientific" institutions, and *not* medical colleges. This peculiar decision, we believe, leaves the State of New York without an eclectic college, and prevents any new eclectic physician from engaging in practice in that State, except *by permission* of an allopathic or homœopathic college, since all outside graduates must be indorsed by some State college before they can be registered. Dr. Tanner, it is said, will take the case into court, and make it a test question.

COURSE OF LIBRARY LECTURES.—The Homœopathic Library and Reading-room Association of Philadelphia announces a course of monthly lectures, to be delivered at their rooms, No. 1009 Arch Street, during the coming season. The association has fortunately secured the interest and assistance of a number of our most eminent physicians,—men distinguished not only for their attainments in medical science, but equally well and favorably known as successful authors, teachers, and lecturers. The course will be constituted as follows:

November 22d, 1883.—Dr. T. F. Allen, of New York. Subject: "The Attitude of Homœopathy toward Science."

December 20th, 1883.—Dr. J. W. Dowling, of New York. Subject: "Physical Signs of Disease."

January 8th, 1884.—The annual meeting for the election of officers, etc.

February 21st, 1884.—Dr. John Butler, of New York. Subject: "Mesmerism."

March 20th, 1884.—Dr. H. G. Houghton, of New York. Subject: "Advance in Aural Surgery during the last Quarter Century."

April 17th, 1884.—Dr. A. R. Thomas, of Philadelphia. Subject: "Comparative Anatomy."

May 15th, 1884.—Dr. C. B. Knerr, of Philadelphia. Subject: "Paracelsus."

The lectures will begin at 8.30 o'clock P.M. All physicians and their lady friends are cordially invited.

DECEASED.—F. D. Sargent, M.D. (Pulte, 1880), died at his residence, Walnut Hills, Cincinnati, Ohio, November 13th, 1883.

OFFICE OF THE HAHNEMANNIAN MONTHLY, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

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